4-H Cloverbud Camp Registration Form

Return to: OSU Extension, 75 E. Clinton Street, Suite 109, Millersburg, OH 44654

Deadline to Register: April 28, 2016

Name _____ DOB _____ Grade last fall _____ Gender: M or F

Address _____

City _____ Zip _____ 4-H Club _____

Parent/Guardian Name _____

Work Phone _____ Home/Cell Phone _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

My child is allergic to _____

My child should not be given the following over-the-counter medications _____

_____

My child has the following special needs _____

Release and Consent to Provide Medical Care

I understand that:

1. I release the coordinators, instructors, volunteers, and the sponsors from all claims, in the event of injury to my child so long as due care has been exercised by these parties.
2. First aid will be available at the camp and medical and/or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs, I will be notified. If it is impossible to contact me, I give my permission for emergency treatment or surgery as recommended by the attending physician.

Photo Release Permission with Signature: I **GIVE** the Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Lunch: I am **aware** that I will need to provide a packed lunch for my child on the day of Cloverbud Day Camp.

I have read and understand the above information.

Parent/Guardian Signature _____ Date _____

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