



There is NO COST for this program, but Space is Limited. Please complete one form per child



2009 SUMMER 4-H GATEWAY ACADEMY REGISTRATION

Registrations must be returned to the Racine County UW-Extension Office. 14200 Washington Avenue -- Sturtevant, WI 53177

Select One
[] June 15-19 at Burlington High School in Burlington
[] June 22-26 at Mitchell Middle School in Racine 8:30 a.m. until 2 p.m.

Student's Name _____ Boy ___ Girl ___ Birth date ___/___/___

Ethnicity: Hispanic Not Hispanic Race: Caucasian Black Asian Native American Bi-Racial

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Mother's Cell phone: _____ Father's Cell phone _____

School attended this past year: _____ Current Grade in School: 7th 8th (2008-09 school year)

YOUTH PLEASE READ: I accept the opportunity to participate in the 4-H Gateway Academy at Mitchell Middle School in Racine to develop my interests and skills in science, technology, engineering and math. During the Academy, I will conduct myself in a positive manner to represent myself, my school and my community. I will complete evaluations and activities as requested by the teachers and I understand that my participation in the 4-H Gateway Academy is dependent upon my ability to conduct myself in a responsible manner, to follow the camp and teacher rules and to behave in safe and appropriate ways. Failure to do so may result in dismissal from the Gateway Academy and will require that my parents provide for my transportation home from the 4-H Gateway Academy.

Name of Family Physician: _____ Phone () _____

Illnesses and injuries (check those that apply and give appropriate dates)

Diabetes Hypertension Asthma Asthma medications/inhalers
Ear Infection, Strep throat Bleeding/Clotting Disorders (please describe)
Heart Defect/Disease Seizures

Allergies or medication: _____

This health history is correct as far as I know, and my son/daughter/ward has my permission to engage in all prescribed activities. In the event of a serious injury or illness, I will be notified. If I cannot be reached in an emergency, I hereby give my permission to the physician to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my son/daughter/ward. I also agree not to hold Racine County, UW-Extension, Racine County 4-H or the Racine Unified School District or agents responsible for any personal injury or accident while attending this session.

Media Release

(please check one) ___ I grant permission ___ I do not grant permission

I grant the University of Wisconsin Board of Regents, University of Wisconsin Extension and Racine Unified School District and agents unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade or any other lawful use, information about my child's participation in this program and reproductions (photographic or otherwise) of my child's voice, likeness and any related creative works produced.

I have read all statements above and fully understand the contents. This release and contract shall be binding upon me and my legal representatives.

Signature of Parent/Guardian Print Name Parent/Guardian Date

City State Zip

***IF PARENTS ARE NOT AVAILABLE IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. NAME: PHONE:

RELATIONSHIP TO CHILD