

HEALTH & MEDIA RELEASE FORM for SUPER SAFETY DAY CAMP 2008

Child(ren)'s NAME _____ is taking medication or has health limitations we should know about.

In the event of 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 **Dodge/Washington County UW-Extension** responsible for any personal injury or accident while at this activity. I understand that as the parent/guardian signing this form, that I will be held financially responsible for any expenses about and beyond what the 4-H Accident Insurance will pay.

I grant UW-Extension the right to use, publish and copyright my child's image (including audio, moving image or photograph) for educational programs. Web site and promotion of University programs.

(Signature of Parent/Guardian) _____

(Date) _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

**** IF PARENTS ARE NOT AVAILABLE in case of emergency, please notify:**

Name _____ Phone Number _____ **DUE DATE: 5/12/08**

Relationship to Child: _____ Cell Phone _____ Work Phone: _____

This is the ONLY information you will be receiving! If you have any questions, please contact the Extension Office

SUPER SAFETY Summer Day Camp

This day camp program is conducted by professional youth workers, volunteer youth & adults involved in 4-H. It is co-sponsored by Farm Bureau and Wisconsin Women for Agriculture.



WI Women for Agriculture
Rock River Chapter



4-H is the Youth Education Program of the UW-Extension. For Information call:
Sally Schoenike, Dodge County
4-H Youth Development Agent
127 E Oak Street,
Juneau, Wisconsin 53039
(920) 386-3790

Kandi O'Neil, Washington County
4-H Youth Development Educator
333 Washington St, Suite 1200
West Bend, WI 53095
(262)-335-4478 Toll Free: 1-800-616-0446

WHAT IS W.W.A.?

Wisconsin Women for Agriculture promotes agriculture and agricultural safety. They are supportive of youth and adult programs.

For more information about W.W.A. contact:

Diane Qualmann, President
Rock River Chapter
W3937 Wildcat Road
Iron Ridge, WI 53035 (920) 349-8320

2008
SUPER SAFETY Summer Day Camp



ON THE LOOKOUT FOR SAFETY



JUNE 27, 8:30 am – 2:00 pm

**Glacier Hills Park
(7 miles SE of Hartford)**



An EEO/Affirmative Action employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including title IX and ADA requirements. Requests for reasonable accommodations for disabilities or limitations should be made prior to the program date or activity of which it is needed. Please make such requests as early as possible by contacting Dodge County 4-H 920-386-3790 or Washington County 4-H 262-335-4478 so proper arrangements may be made.

Super SAFETY Summer Day Camp

8:30 a.m. - 2:00 p.m.

This SAFETY day camp does not duplicate Wild Wacky Weekday programs.

Glacier Hills Park

7 miles southeast of Hartford, off of Friess lake Road

Anyone 5-10 YEARS OLD MAY ATTEND

You do not need to be a 4-H member to attend.

LEARNING SESSION includes:

- First Aid
- Bike Safety

COST: \$13.00/Camper ****NO REFUNDS****
(includes lunch, t-shirt, program costs)
(Limit: FIRST 100 registrants!)

NO CONFIRMATION LETTERS WILL BE SENT

If your registration is not returned, assume you have been accepted.

TRANSPORTATION will NOT be provided

* Children are assigned to age group YOU INDICATE on registration form.
You will not be allowed to switch groups!

TO REGISTER - Return Registration and Health Form, along with Check for \$13.00 PER CAMPER.

Make check payable to: Dodge County UWEX
Mail to: Sally Schoenike
4-H Youth Agent, Dodge Co. UWEX
Dodge Co. Admin. Bldg, 127 E. Oak St
Juneau, WI 53039

Registration is first come, first serve.

Forms can be accessed from our Web sites: <http://dodge.uwex.edu> and <http://washington.uwex.edu>



SUPER SAFETY SUMMER DAY CAMP REGISTRATION (Please use ONE form PER FAMILY)

Family Name _____	Phone Number _____	Cell Phone _____	
Address _____	City _____	Zip _____	
Child's First/Last NAME	Boy/ Girl	CHECK ONE:	T-Shirt Size
	Race	(6-8) (10-12)	(14-16) Adult Small Adult Med.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Enclose \$13.00 PER CAMPER. Make checks payable to: DODGE CO. UW-EXTENSION
RETURN to: DODGE COUNTY 4-H OFFICE (127 e. Oak Street, Juneau, WI 53039)

"Be sure to fill out HEALTH FORM on reverse side of this registration" Does this youth require a special accommodation? _____

Children are assigned by age group YOU indicate on registration.

You WILL NOT be allowed to switch age groups!

If Yes, please describe the accommodation that is needed. _____

NO CONFIRMATION LETTERS WILL BE SENT!!

Camp time is 8:30am - 2:00pm. Please mark the date and time on your calendar

(OVER)