



2009 4-H HOLIDAY WORKSHOP REGISTRATION FORM



An individual registration form is required for each participant. If you need additional forms you may copy this form. **All fees are due upon registration.** Make checks payable to: Cherokee County 4-H. To expedite registration, please be sure to complete the Photo Release Forms and Medical Information that are included in this form. Cost for this workshop is \$20.00, which includes supplies, lunch, snacks, and drinks.

CHILD'S INFORMATION

CHILD'S NAME _____

AGE _____ BIRTHDATE _____ SEX _____ RACE _____

PARENT/GUARDIAN MAY BE REACHED AT:

MOTHER/GUARDIAN: _____
NAME

WORK PHONE NUMBER	HOME PHONE NUMBER	CELL NUMBER IF AVAILABLE
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ADDRESS	CITY	STATE	ZIP
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FATHER/GUARDIAN: _____
NAME

WORK PHONE NUMBER	HOME PHONE NUMBER	CELL NUMBER IF AVAILABLE
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ADDRESS	CITY	STATE	ZIP
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MEDICAL INFORMATION AND CONSENT TO TREAT

Known Allergies to foods, drugs, insect stings or bites, etc. : _____

My child has permission to participate in this one day, day camp. I authorize any adult(s) acting as agents (including official volunteers) or employees of the North Carolina Cooperative Extension and Cherokee County 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to the power (1) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (2) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentist, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

Describe how your child will depart (picked up by parent or authorized person, car-pooling, walking home, etc.)
Please inform staff in writing of any changes.

List persons authorized to pick your child up other than you. (Your child will not be allowed to leave with any person not listed on this form).

Name _____ Phone _____

Name _____ Phone _____



North Carolina 4-H and Cherokee County 4-H
**Photographic, Video, and Audio
Optional Publicity Release**



I **do** _____ or **do NOT** _____ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and Cherokee County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): _____

Participant Signature: _____ Date: _____

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: _____

Parent/Guardian name (please print): _____

Signature: _____ Date: _____