



2009 4-H SUMMER FUN DAY CAMP 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 Medical Release (this document must be notarized and can be done through the NC Cooperative Extension), Code of Conduct, Evaluation Consent Form, and Photo Release Forms that are attached.

CHILD'S INFORMATION

CHILD'S NAME _____ AGE _____

BIRTHDATE _____ GENDER _____ RACE _____

PARENT/GUARDIAN MAY BE REACHED AT:

MOTHER/GUARDIAN: _____
NAME

WORK PHONE NUMBER HOME PHONE NUMBER CELL NUMBER IF AVAILABLE

ADDRESS CITY STATE ZIP

FATHER/GUARDIAN: _____
NAME

WORK PHONE NUMBER HOME PHONE NUMBER CELL NUMBER IF AVAILABLE

ADDRESS CITY STATE ZIP

Choose day camp from list below and write in amount paid for the ones your youth are coming to. Remember day camp space is limited so register early. Registering by mail does not guarantee a spot. It is better to bring your forms into the office.

DAY CAMP	DATE	COST	AMOUNT PAID
4-H Fit for Fun Day Camp! Hiwassee Valley Pool & Wellness Center (Camp does not meet on weekends)	JUNE 24- July 2	\$50.00	
4-H Health Rocks & More Day Camp! Hiwassee Valley Pool & Wellness Center (Camp does not meet on weekends)	July 6-July 17	\$70.00	
4-H Fit for Fun Day Camp, Take II! Hiwassee Valley Pool & Wellness Center (Camp does not meet on weekends)	JULY 27- August 4	\$50.00	
SCOTT HOGSED MEMORIAL YOUTH CONSERVATION & EDUCATION DAY	AUGUST 23	FREE	
TOTAL DUE			

Describe how your child will depart daily (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 _____