4-H CLOVERBUD CAMP

Calling All Insects, Big and Small, Buzz, Hop, Flutter or Crawl

Join us for a Buggin’ GOOD time!

Saturday, June 2nd, 2018

Location: Lake Park Shelters
Cost: $10 per participant
Details: 9am – 2pm
Contact information: OSU Extension, 740-622-2265

Coshocton.osu.edu

COSHOCTON COUNTY OSU EXTENSION

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

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4-H Cloverbud Camp Registration Form
Please return to: OSU Extension, 724 S. 7th Street, Coshocton, OH 43812
Deadline to Register: May 25th, 2018

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.

I have read and understand the above information.

Parent/Guardian Signature ____________________________ Date ___________________

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