

**CFAES**

College of Food, Agricultural, and Environmental Sciences

# 4-H CLOVERBUD CAMP

*Blast off to Space with  
Coshocton County 4-H*

**Saturday, June 10<sup>th</sup>, 2023**

**Location: Lake Park Shelters**

**Details: 9am – 2pm**

**Cost: \$10 per participant, includes swimming and lunch**

**Contact information: OSU Extension, 740-622-2265**



**THE OHIO STATE  
UNIVERSITY**

EXTENSION



**Coshocton County OSU Extension**

**[Coshocton.osu.edu](https://coshocton.osu.edu)**

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# 4-H Cloverbud Camp Registration Form

Please return to: OSU Extension, 724 S. 7<sup>th</sup> Street, Coshocton, OH 43812

**Deadline to Register: June 2<sup>nd</sup>, 2023**

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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