## 4-H CLOVERBUD CAMP



## Going on an Olympic Adventure!

Saturday, June 8<sup>th</sup>, 2024

Open to youth ages 5-8

**Location: Lake Park Shelters** 

Details: 9am - 2pm

Cost: \$10/camper, includes swimming (bring suit/towel) and lunch

Contact information: OSU Extension, 740-622-2265





Coshocton County OSU Extension
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: May 31<sup>st</sup>, 2024** 

Name		DOB	Grade la	st 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 l	be given the	following over	-the-counter medicati	ions		
My child has the follow	ing special nee	eds				
Release and Consent	to Provide Me	edical Care				
I understand that:		1		1		
long as due care has			the sponsors from all claim	is, in the even	it of injury to my child so	
<ol><li>First aid will be avainjury. I understand</li></ol>	ailable at the can l that if serious il	np and medical an lness or injury occ	d/or hospital care will be urs, I will be notified. If it is manneded by the attending	is impossible		
Photo Release Permis print, electronic, or vide with respect to copyrig of the materials.	eo format the li	keness or imag	e of my child. I release	all claims ag	gainst the University	
I have read and und	erstand the al	oove informatio	n.			
Parent/Guardian Signature				Date		

