

4-H Summer Science Camp Forces of Nature

For ages 8-11 years old (limit 20)

When: Tuesday, August 6, 2019

Location: The Coshocton County Fairgrounds, Rotary Pavilion

Cost: \$10.00 per participant

Details: 9am-1pm, Lunch will be provided

Contact Information: Please contact Alonna Hoffman, 4-H, Agriculture and Natural Resources Program Assistant for more information at 740-622-2265 or email hoffman.644@osu.edu.



4-H Summer Science Camp Registration Form

Please return to: OSU Extension, 724 S. 7th St., Rm 110, Coshocton, Oh 43832

Deadline to Register: July 29th, 2019

Name (please print) _____ Age _____ Grade this fall _____ Gender: M or F

Mailing Address _____

Parent/Guardian _____ E-mail Address _____

Address _____ City _____ Zip _____

Primary Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Primary Phone _____ 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 _____

Ethnicity (check one) Hispanic Not Hispanic

Race (check all that apply) White Black American Indian/Alaskan Native Hawaiian/Pacific Islander Asian

Residence (check one) Farm Town/Rural (Less than 10,000) Town (10,000 to 50,000)

Suburb (More than 50,000) City (More than 50,000)

I have a parent serving in the Military I have a sibling serving in the Military

Branch of Service Air Force Army Coast Guard Marines Navy

Branch Component Active Duty National Guard Reserves

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 school 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 material.

Parents/Guardians Signature _____ **Date** _____