

To Register

1. *Registration Form and \$10 check payable to Pacific County 4-H.*
2. *Emergency Medical Release Form*
3. *Participant Health Form*
4. *Assumption of Risk Form*

Mail completed forms by July 15, 2009 to:

*WSU Extension
Pacific County 4-H Office
PO Box 88
South Bend, WA 98586*



CITIZENSHIP
LEADERSHIP
LIFE SKILLS

WSU Extension programs and employment are available to all without discrimination. Evidence of non-compliance may be reported to your local WSU Extension Office.



**Pacific County
4-H Snack and Sew Day Camp
PO Box 88
South Bend, WA 98586**

**Phone:
South Bend area
360-875-9331**

**North Cove area
360-267-8331**

Thank you

North Willapa Harbor Grange

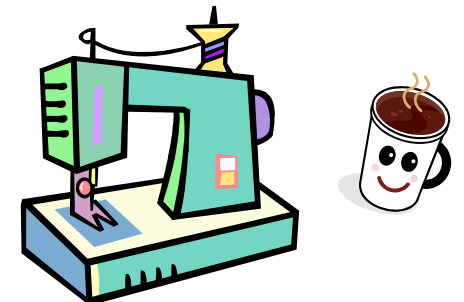
**Pacific and Grays Harbor
WSU Master Quilters**

Camping for youth who need extensive assistance: In addition to the group camping experience, we offer a camping experience for youth who need one on one helpers. Positions at camp are limited. Please call ahead to make arrangements.

**SNACK AND SEW
DAY CAMP
July 29-31, 2009**

For Youth 10-15 Years Old

**Three Afternoons
at
North Willapa Harbor Grange
in Grayland**



A three afternoon, day camp for youth ages 10-15. Activities include:

- ◆ Earn your sewing machine operators license.
- ◆ Science of Stain—increase your laundry knowledge with tie-dyeing.
- ◆ Develop basic sewing skills while having fun.
- ◆ Take home projects include slippers, pillowcase, small sewing projects, tie-dye items and recipes.
- ◆ Make slippers for your feet from a pattern you made yourself!
- ◆ Learn basic cooking skills with a healthy snack item each day.
- ◆ **BONUS** All projects made at Snack and Sew Day Camp are eligible to enter in the Pacific County or Grays Harbor Fair, 4-H Division.

What to Bring to Camp:

- ◆ One-half yard of polar fleece
- ◆ One used t-shirt (with high cotton content) to tie-dye
- ◆ Sewing tools if you have them. (seam ripper, sewing scissors, pins)



WASHINGTON STATE UNIVERSITY
 EXTENSION

Open Registration:

Snack and Sew Day Camp is open to any youth 10-15 years old. Youth do not have to be currently enrolled in 4-H.



Date: July 29-31, 2009

Time: 1:00 to 5:00 PM

Location:

North Willapa Harbor Grange
Grayland Washington

Cost:

\$10 for three afternoons.

Camp includes three snacks, project materials, and cost of instruction!



4-H SNACK AND SEW DAY CAMP
July 29-31, 2009
REGISTRATION FORM

General Information:

Name _____ Birthdate ____/____/____

Mailing Address _____

Street Address _____

Club Name _____ Male _____ Female _____

Grade Last Completed _____ Age _____

Camper lives with: Both parents _____ Mother _____ Father _____ Agency/Guardian _____ Grandparents _____

PRIMARY PARENT OR GUARDIAN: Enter information for the parent or guardian with whom the camper presently lives:

Name _____ Relationship to camper _____

Phone Numbers:

Work _____ Home _____ Cell _____ Pager _____

ADDITIONAL PARENT OR GUARDIAN INFORMATION: (If camper has another parent/guardian and custodial care is shared, please complete the information below)

Name _____ Relationship to camper _____

Phone Numbers:

Work _____ Home _____ Cell _____ Pager _____

EMERGENCY CONTACT: We attempt to contact parent/guardian first. List other local persons usually available during the time your child is at camp who have agreed to car for and are authorized to provide transportation for your child if they become ill, injured, or need to be sent home and you cannot be reached. The persons listed below will be called in the order shown.

Name _____ Relationship _____ Day# _____

Name _____ Relationship _____ Day# _____

Name _____ Relationship _____ Day# _____

As a participant in the **SNACK AND SEW DAY CAMP** your son or daughter may be asked to help with the evaluation of the program. At the end of each program or program year, we conduct an evaluation to tell us how well the program is working. Your son or daughter may be asked to complete a written survey about what he or she may have learned from participating in the program. We estimate that it will take the youth participants approximately 10 minutes to complete the survey.

Youths are not required to participate in the evaluation. If your son or daughter decides that he or she does not wish to participate, it will not affect his or her participation in this or future WSU Extension programs. If your son or daughter does not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and your son's or daughter's responses will not be identified in any way.

If you do not want your son or daughter to participate in the evaluation of **SNACK AND SEW DAY CAMP**, please contact **Toni Gwin** at Pacific County WSU Extension Office before your child begins attending the program.

Parent/Guardian Signature

Date

Please let us know if you will be bringing your own sewing machine. Check one of the following:

Yes, I will be bringing a sewing machine.

Make of my sewing machine is _____

No, I will not be bringing a sewing machine and will be using the 4-H Sewing Machine provided.

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company Policy Number
Subscriber Insurance Company Phone Number ()

Secondary Insurance Company Policy Number
Subscriber Insurance Company Phone Number ()

Name of another person to contact in case of emergency if you are not available:

Phone: () E-mail:

Relationship to participant:

I voluntarily sign this authorization in consideration for permission for my child to participate in ***Snack and Sew Day Camp***. I have read it, and I understand its content and significance.

Signature of Parent/Guardian Date
(For participant less than 18 years of age)

Signature of Participant Date
(For participant 18 years of age or older)

WASHINGTON STATE UNIVERSITY (WSU)
PACIFIC COUNTY 4-H SNACK AND SEW DAY CAMP
For Parents or Guardians of Participants Under 18 Years of Age
July 19-24, 2009

ASSUMPTION OF RISK

I understand that there are risks in participating in recreation activities and workshops at the **Pacific County 4-H Snack and Sew Day Camp** activities at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the **Pacific County 4-H Snack and Sew Day Camp** recreation activities and workshops include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the **Pacific County 4-H Snack and Sew Day Camp** activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS DAY of , 2009.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed):

4-H Snack and Sew Day Camp
PARTICIPANT HEALTHFORM

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Mail this form with registration to:
WSU Extension
PO Box 88
1216 W. Robert Bush Drive
South Bend, WA 98586

Attendance dates: from: July 29-31, 2009

Participant Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at program _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1. Complete pages 1, 2 and 3 of this form (and make a copy for yourself).
2. Send the original, signed form to program by requested date.

Participant Name:

First

Middle

Last

(For Camp Use) Cabin or Group _____

(For Program Use) Session Code(s) _____

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Additional parent/guardian to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Allergies: No known allergies. This participant is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)
 This participant has a life-threatening allergy. An emergency care plan signed by physician is required.

Diet, Nutrition: This participant eats a regular diet. This participant eats a vegetarian diet (describe details below).
 This participant has special food needs. (Please describe below.)

Immunizations:

- My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.
 My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

Medication:

We will be unable to administer medication to children. If your child requires a dosage during activity/event hours, please make appropriate arrangements. Medication¹ is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.**

Medications Currently being taken: (must list)

- This participant will not take any daily medications while attending the activities.
 This participant will be self-administering the following daily medication(s) while attending the activities.¹

¹ Note: These provisions regarding administration of medication shall not abrogate minors' rights to provide their own consent to certain services under Washington law.

**4-H Snack and Sew Day Camp
PARTICIPANT HEALTH FORM**

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Participant Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does this participant:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Had Sickle Cell disease or traits?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Had high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Had cardiovascular disease or other heart problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Have a history of heart disease (not limited to conjunctive heart defect, cardiomyopathy, ahbrythemia?)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Had fainting or dizziness?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

- Restrictions:**
- I have reviewed the program and activities of the program and feel the participant can participate without restrictions.
 - I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations. **(Please describe below.)**

Does the participant require reasonable accommodation for a disability in order to access or be part of the activities?

What Have We Forgotten to Ask? Please provide in the space below any additional information about the participant's health that you think important or that may affect his or her ability to fully participate in the program. **Attach additional information if needed.**

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise WSU of a medical condition, WSU is not responsible for related injuries. I understand the information on this form will be shared on a "need to know" basis with WSU staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial _____ Relationship to Participant: _____

Parent/Guardian: _____ Date: _____

Parent/Guardians: Keep a copy for your records.