



PIONEER TRAILS 4-H CAMP

Afternoon June 21st – Afternoon June 24th, 2017



Pioneers Trails 4-H Camp is open to all youth age 7 (as of 1/1/17) through those completing 7th grade in 2017. This completed registration form is due to your local extension office by Friday, May 19th, 2017.

Camper Name: _____ **4-H Club:** _____

Circle one: Boy Girl **Birth Date:** ____/____/____ **Grade Completed in 2017:** _____ **4-H Age:** _____
(Age as of 1/1/17)

Parent or Guardian: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

Home Address: _____

Email Address: _____

Friends I would like to camp with: Friends must be within one year of age of your camper. Age differences of over one year will not be considered or granted. Please ask your friends to list you on their registration to increase chances of being housed together. During housing assignments, we will make all reasonable efforts to house you with at least one of your choices. Do not list more than two friends.

1. Name: _____ County: _____
2. Name: _____ County: _____

Camp Fee per Camper: \$200.00* (*Ask about available Marshall County 4-H Camp Scholarships)

- Please make checks payable to: Marshall County 4-H Council
- Fee includes lodging, meals, nurse, adult supervision, special programs (crafts, rifle, etc.) and use of Rock Springs facilities

_____ **My child has food/dietary allergies.** Additional information will need to be submitted to Rock Springs 4-H Center. Contact your local extension office for instructions.

_____ **My child DOES NOT have permission to be photographed at Pioneer Trails 4-H Camp.** Photographs may include, but are not limited to, camp group photos, county/district photos, etc., and may be used on Facebook, the Camp Slideshow, etc.

Please complete the following forms. All forms are available at your local extension office.

_____ 4-H Participation Form for youth not enrolled in 4-H through 4-H Online – Due with Registration

_____ 4-H Camp Medication Policy for all youth – Due with Registration

_____ 4-H Camp Medication Form for youth taking prescription and over the counter medications

- A form must be filled out for EACH medication and brought to camp with each medication and form in a separate, resealable plastic bag
- All medications will be kept at the nurse’s station during camp. *Exception:* emergency meds such as inhalers, epi pens, etc. may be kept with camper. A second set of emergency meds must be sent to camp to be held at the nurses station.

Parent/Guardian Signature: _____ **Date:** _____

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact Susie Latta, Extension Agent, Marshall County, 1201 Broadway, Marysville, KS 66508. Phone 785-562-3531.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service
K-State Research and Extension is an equal opportunity provider and employer.

K-STATE
Research and Extension

