

4-H SUMMER REGISTRATION FORM - 2019

PLEASE NOTE: YOUR CHILD MUST ALSO BE REGISTERED AT 4HONLINE.COM PRIOR TO THE FIRST CLASS/CAMP MEETING. Have questions about this form? Please call us at 828-894-8218 during Cooperative Extension business hours or email us at kjones24@ncsu.edu.

* Required

Personal Information

1. Child's name (First and Last) *

2. Child's birth date *

Example: December 15, 2012

3. Child's current age

4. Gender of Child *

Mark only one oval.

Female

Male

5. Parent/Guardian's Name

6. Mailing Address *

7. City *

8. State *

9. Zip Code *

10. Home Phone (if applicable)

11. Cell Phone (if applicable)

12. Best number to reach you for class changes, cancellations, or emergencies *

13. Email Address of Parent (if applicable)

Would you like to receive a Text Message (SMS) reminder of clubs/classes/camps 1 business day prior to each event?

NOTE: You must have the Text Message option enabled for your family account in 4Honline.com to participate in this option.

Yes

No



Camp/Club/Class Registration

See this post to view full details and dates for each of the opportunities below:

<https://polk.ces.ncsu.edu/2019/04/summer-2019-program-registration-polk-county-4-h/> PLEASE NOTE:

All fees must be paid within 7 business days of registration, either at our offices at 79 Carmel Drive, Columbus, or by mail at Polk County 4-H, PO Box 477, Columbus, NC 28722. CASH OR CHECKS ONLY. Checks may be made payable to POLK COUNTY 4-H.

15. I would like to register my child for the following Summer 4-H opportunities:

Check all that apply.

- 4-H Goat Project (ages 9-18) - materials fee: \$5
- 4-H Cloverbud Camp (ages 5-8) - materials fee: \$15
- Kids in the Kitchen (ages 8-11) - materials fee: \$15
- Sewing Class (ages 9-18) - materials fee: \$10
- Junior Gardening Camp (ages 10-14) - camp tuition: \$75
- Teen Career Exploration Camp (ages 12-18) - camp tuition: \$35

Permissions

By signing and dating below, I confirm the following: My son/daughter has my permission to participate in the 4-H programs as stated on the registration form. I agree to indemnify and hold harmless the Polk

County 4-H Foundation and NC State University, their trustees, officers, employees, and agents, including 4-H personnel and volunteers, from any and all negligence, claims, damages, and liability arising from or related to my child's participation in the program specified above.

In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by Extension personnel or 4-H volunteer to hospitalize, secure proper treatment form, and to order injection, anesthesia, or surgery for my child as named above.

I understand that all participants are expected to pay attention and follow the directions given by the instructor(s). Failure to follow directions and/or unruly behavior may result in the expulsion of my child from this and future 4-H programs.

16. Parent's Signature *

By signing below you are agreeing with the permissions statement above.

17. Current Date *

18. I authorize the use of my child's image to be used for newspaper articles, email newsletters, brochures, website, or other marketing efforts on behalf of Polk County 4-H. *

Mark only one oval.

Yes

No

19. Is your child allergic to any food or medication. *

Mark only one oval.

Yes

No

20. If answering "Yes" to the question above, please list all allergens.

21. Does your child have any dietary restrictions? *

Mark only one oval.

Yes

No

22. If answering "Yes" to the question above, please list all restrictions.

23. Please list any special medical concerns or needs that event supervisors should know about, including, epilepsy, asthma, diabetes, autism, previous injuries to bones/joints, etc.

