



# 4-H Camp & Jr. Leader Retreat CHAPERONE Registration Form

Junior Leader Retreat--July 08-09  
Camp--July 09-11

**UNIVERSITY  
OF WYOMING**  
**EXTENSION**  
SWEETWATER COUNTY  
2500 College Drive, A-700  
Rock Springs, WY 82901  
307-352-6775 or 307-872-6310  
FAX 307-352-6779

**Due Friday June 27, 2014 to Extension Office**

- \* If coming on Wednesday, bring a sack lunch or eat prior to arriving at camp. This is your lunch on the first day.
- \* A signed medical form **MUST** be completed and on file in the Extension Office **BEFORE** camp.
- \* Chaperones planning to ride the bus must reserve a spot.

Chaperone Name:   Male  Female

Address  City  Phone Number

Cell Phone

<b>JUNIOR LEADER RETREAT</b>		<input type="radio"/> Full Time	List When: <input type="text"/>	<input type="radio"/> NEED RIDE	
<input type="checkbox"/> I can help at the 4-H Junior Leader Retreat		<input type="radio"/> Part Time		<input type="radio"/> DRIVING TO RETREAT	
<b>4-H CAMP</b>		<input type="radio"/> Full Time	List When: <input type="text"/>	<input type="radio"/> WILL RIDE BUS	
<input type="checkbox"/> I can help at the 4-H Camp		<input type="radio"/> Part Time		<input type="radio"/> DRIVING TO CAMP	
<b>CHAPERONE ROLES</b>		Please click one circle:			
All chaperones will stay in the cabins with youth unless prior arrangements have been made with the Extension Office.		<input type="radio"/> I would like to help with a workshop	<input type="radio"/> I would like to help in the kitchen		
		<input type="radio"/> I would like to help at the shooting range	<input type="radio"/> I would like to help at the fishing pond		
T-SHIRT <i>Free shirt if registration is submitted by July 1</i>		<input type="radio"/> Adult S	<input type="radio"/> Adult M	<input type="radio"/> Adult L	<input type="radio"/> Adult XL
<b>ALLERGIES</b>		I have the following type of allergies: <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> Environmental			
Please list specific allergies or triggers:		<input type="text"/>			

*We invite any screened volunteer to help with 4-H camp. Even if you can only be there for one day, please know you are welcome!*

(Emergency information on other side **MUST** be completed)

**EMERGENCY INFORMATION FOR 4-H CAMP**

1. NAME OF CHAPERONE

2. In case of emergency, call the following numbers. Please list numbers in the order you want them called.

NUMBER	PERSON TO SPEAK TO	RELATIONSHIP TO CAMPER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Doctor's Name & Number

4. State any pertinent medical information (chronic illness such as diabetes, epilepsy, fainting.):

5. Date of last tetanus immunization received:

7. I will be bringing the following medications to camp. All medications must be in an original prescription bottle or original bottle in which purchased. Medications must be given to Extension Personnel upon arrival at camp, no one is allowed to keep them in their cabins.

MEDICATION	SPECIAL INSTRUCTIONS	AMOUNT OF MEDICATION	TIME TO BE GIVEN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*I hereby authorize University of Wyoming Cooperative Extension, Uinta County and it's faculty members in charge to obtain all necessary medical care for my child in the event that I cannot arrange/authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child. Every reasonable attempt will be made to contact you before using this authorization.*

\_\_\_\_\_  
SIGNATURE OF CHAPERONE

\_\_\_\_\_  
DATE

**ALL MEDICATIONS--INCLUDING ASPIRIN, ALLERGY, ETC., MUST BE TURNED INTO THE CAMP NURSE UPON ARRIVING**

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Dept. 3354, 1000 E University Ave., Laramie, Wyoming 82071.

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