



# 4-H Memorial Camp

## 2023 Summer Camp Registration

Please use a separate registration for each camper or if you are attending multiple camp weeks.

499 Old Timber Road  
Monticello, Illinois 61856

### Camper Information

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Camper's Birthdate: \_\_\_\_\_ Age of Camper during camp session: \_\_\_\_\_

Are you a currently enrolled 2022-2023 4-H member? Yes \_\_\_\_\_ No \_\_\_\_\_ What is your 4-H ID? \_\_\_\_\_

If your County cannot verify your 4-H enrollment status, your camp registration will be placed on hold and could be voided. If you aren't sure about your current 4-H enrollment status, please contact your local Extension Office or 4-H club leader *prior* to registering for camp.

Please select your home County: \_\_\_\_\_

How many years (including this year) have you attended 4-H Camp? \_\_\_\_\_

My Bunk Mate Choice is (First Name): \_\_\_\_\_ (Last Name): \_\_\_\_\_

You may list one, same-gender bunk mate of comparable age. We make every attempt to accommodate bunk mate requests, however, it is not always possible.

### Parent/Guardian Information

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Best Contact Day Phone: \_\_\_\_\_ Best Contact Evening Phone: \_\_\_\_\_

IMPORTANT! Parent/Guardian Email Address: \_\_\_\_\_

Confirm Email Address: \_\_\_\_\_

*Note: This Email will be used for your confirmation, your packing list, and any other information that prepares you for camp.*

In case of an emergency, if we cannot contact you, please provide an alternate contact.

Alternate Contact First Name: \_\_\_\_\_ Alternate Contact Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Alternate Contact Phone Number: \_\_\_\_\_

Alternate Contact Email Address: \_\_\_\_\_

Confirm Alternate Email: \_\_\_\_\_

Camper check-in—office use only

Cabin number: \_\_\_\_\_ Overall feeling: \_\_\_\_\_ Recent illness (within last 10 days): \_\_\_\_\_

Current medications: \_\_\_\_\_ Special dietary needs: \_\_\_\_\_

The 4-H Camp is a place that does not allow the following items brought to camp: knives (even pocket knives), alcohol/tobacco, firearms or cell phones. Did you bring any of these items with you today? \_\_\_\_\_

Pages 2, 4, 5, and 6 of registration form complete and with parent signature? \_\_\_\_\_ Person conducting interview: \_\_\_\_\_



**I want to attend this 4-H Camp Week:**

*(Check one. Multiple Sessions require separate registration forms.)*

Camper Registration is

- \$355 per camper (non-4-H member), or
- \$315 per camper (current 4-H member)

Select	Week	Dates
<input type="checkbox"/>	<b>Camp 1</b>	<b>June 4–8 (1 p.m., Sunday – 3p.m., Thursday)</b>
<input type="checkbox"/>	<b>Camp 2</b>	<b>June 11–15 (1 p.m., Sunday – 3p.m., Thursday)</b>
<input type="checkbox"/>	<b>Camp 3</b>	<b>June 25 - 29 (1p.m., Sunday – 3p.m., Thursday)</b>
<input type="checkbox"/>	<b>Camp 4</b>	<b>June 30 - July 4 (1p.m., Friday – 11a.m., Tuesday)</b>

Each camper will receive a shirt. Please choose your size:

Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_  
 Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult 2XL \_\_\_\_\_

<b>Parental Consent (please check the boxes below)</b>	
_____	I give permission for my child to participate in all camp activities including swimming, boating, climbing, team challenge course, shooting sports, and out-of-camp travel into adjacent Robert Allerton Park when it is part of the camp program. I understand my child will be informed of the Illinois 4-H behavior guidelines and 4-H Camp Code of Conduct which stresses a demonstration of the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Should a child display a blatant disregard for these rules, I will be notified and agree to pick up my child.
_____	I agree to check my child into their camp session only during one of the stated check-in times: 1–3 p.m. day one or 7–8 p.m. day one if unable to make first check in or 9–10 am day two. I also understand that my child is only allowed to leave and return for a medical appointment or family emergency.

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

 **Parent/Guardian Signature:** \_\_\_\_\_

**(A handwritten signature is mandatory. We cannot accept an electronic signature.)**

Your completed 7-page Registration Form Must be Received by 4-H Memorial Camp within TEN Business Days



# 4-H CAMP HEALTH HISTORY

This form must be completed for each child by the parent/guardian and returned to 4-H Memorial Camp information will be kept confidential for the child's welfare.

Camp Week      1      2      3      4

Camper's First Name \_\_\_\_\_ Camper's Last Name \_\_\_\_\_

Male      Female      Date of Birth \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_

Parent/Guardian Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Best Contact Day Phone \_\_\_\_\_ Best Contact Evening Phone \_\_\_\_\_

**ALL medications, prescription and non-prescription, MUST be in the original container in which they were issued (with medical orders and physician's name intact), and given to the nurse/health director during camp session.**

**Check Over-the-Counter Medications That Your Child May Receive if Deemed Necessary:**

<input type="checkbox"/>	<i>Antiseptics</i>	<input type="checkbox"/>	<i>Diarrhea medication</i>	<input type="checkbox"/>	<i>Antibiotic Ointment</i>
<input type="checkbox"/>	<i>Benadryl</i>	<input type="checkbox"/>	<i>Non aspirin pain medication</i>	<input type="checkbox"/>	

Is this camper current on immunizations required to attend school in Illinois?

YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain \_\_\_\_\_

Last Booster: Tetanus \_\_\_\_\_

**Check Below if Your Child is Subject To:**

<input type="checkbox"/>	Lung Disease (asthma or tuberculosis)	<input type="checkbox"/>	Heart or Cardiac Condition	<input type="checkbox"/>	Kidney Problems
<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	Nervous or Mental Conditions

**DETAIL OF OTHER MEDICAL CONDITIONS:** \_\_\_\_\_

**History of ALLERGIES** (check those that apply, then provide detail below)

<input type="checkbox"/>	Bee Stings	<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Allergies to Medicine	<input type="checkbox"/>	Other Allergies

**DETAIL OF ALLERGIES:** \_\_\_\_\_

**Please List Your Child's Medication(s) That Will be Brought to Camp (If none, please indicate with N/A) :**

Name of Medication(s and dosage):	Check Time(s) When Medication(s) Need(s) to be Administered:
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____
_____	8 am    Noon    6 pm    9 pm    Other _____

**HEALTH INFORMATION STATEMENT**

Check below any information you feel staff and/or volunteers may need, to maximize the safety and the well-being of the exhibitor or staff member. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate, important information.

- Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) \_\_\_\_\_
- Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) \_\_\_\_\_
- Arthritis, Diabetes, Kidney or Bladder Disease \_\_\_\_\_
- Impaired Sight or Hearing, Chronic Ear Infections \_\_\_\_\_
- Recent Surgical Operation, Accidents or Injuries \_\_\_\_\_
- Any Infectious Disease \_\_\_\_\_
- Skin Disease \_\_\_\_\_
- Under on-going care of a Physician (NAME & PHONE #) for chronic or recurring problem \_\_\_\_\_
- Do you wear glasses? YES  NO  SOMETIMES
- Do you wear contact lenses? YES  NO  SOMETIMES
- Date of last FLU SHOT \_\_\_\_\_
- Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

Clinic/Hospital Affiliation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_


Owner's Name: \_\_\_\_\_ ID/Policy Number: \_\_\_\_\_

**Medical Privacy Statement:** *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect (IF PROVIDED) for the event does not cover pre-existing conditions or self-inflicted injuries.

**Camper's First Name** \_\_\_\_\_ **Camper's Last Name** \_\_\_\_\_

 **SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Parent or Guardian



University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating  
University of Illinois Extension provides equal opportunities in programs and employment.

If you need a reasonable accommodation to attend, call the registration office.



**Extension Participant/Volunteer  
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS**

**Risks of Extension Activities.** I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

**Risks of 4-H Equine Activities.** Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

**Risks of 4-H Shooting Sports Activities:** Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

**Assumption of Risks and Release of Claims:** In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

**Effective Date:** This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

**PARTICIPANT/VOLUNTEER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:**

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **PHONE/EMAIL:** \_\_\_\_\_

**Talent Release/Waiver for minors and children under the age of 18**

I, the undersigned, on behalf of the minor child named below, do hereby consent to the use by The Board of Trustees of the University of Illinois (“University”) of the minor’s image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the University or its Foundation. I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of image or voice, or both, of the named minor, by either the University or the Foundation.

I also waive any right to inspect or approve the finished photograph or video or audio recording. I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned, and that I am the parent or legal guardian authorized to sign on behalf of a person under age 18. I further attest that I have read this consent form and fully understand its contents.

**Event Date and Description:**

The Undersigned represents my photo/video/photo/audio release: of the following:

Printed Name of Minor Child	Printed Name of Consenting Adult	Signature of Consenting Adult	Date

Updated: 8-2022

<p><b>Residence</b></p> <p><input type="checkbox"/> Farm (where income is earned by farming)</p> <p><input type="checkbox"/> Rural/Small Town (under 10,000)</p> <p><input type="checkbox"/> Medium Town (10,000–50,000)</p> <p><input type="checkbox"/> Suburb greater than 50,000</p> <p><input type="checkbox"/> City greater than 50,000</p>	<p><b>Race (select one)</b></p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> 2 or More Races</p> <p><input type="checkbox"/> Some Other Race</p>
<p><b>Languages Spoken at Home</b> (please select all that apply)</p> <p><input type="checkbox"/> Arabic                      <input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Chinese                      <input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> English                      <input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> French                      <input type="checkbox"/> Other</p>	<p><b>Ethnicity</b></p> <p>Hispanic or Latino    <input type="checkbox"/> Yes    <input type="checkbox"/> No (if Hispanic, please select all that apply)</p> <p><input type="checkbox"/> Central American                      <input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Cuban                      <input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Dominican                      <input type="checkbox"/> South American</p> <p><input type="checkbox"/> Ecuadorian                      <input type="checkbox"/> Spanish/Spaniard</p> <p><input type="checkbox"/> Guatemalan                      <input type="checkbox"/> Other</p>

<p style="text-align: center;"><b>Mail to:</b></p> <p>4-H Memorial Camp 499 Old Timber Rd. Monticello, IL 61856</p> <p>OR Email to: <a href="mailto:hammersc@illinois.edu">hammersc@illinois.edu</a></p> <p>If you have questions, please call us at 217-762-2741</p>	<p style="text-align: center;"><b><u>Cancellation Policy</u></b></p> <p>\$190 of fee refundable if cancellation is 7 days or more prior to camping session. No refund when the cancellation is made 6 days or less prior to the first day of camping session.</p> <p>COVID-19 Cancellation Policy for 2023 In an effort to keep all of our campers/staff healthy and to keep the camp open this summer, we will give a FULL refund for any camper who is not able to attend due to testing positive for Covid-19 or having any COVID-19 symptoms prior to their week of camp starting. Please help us keep everyone healthy!</p>
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Stop! Do you have everything?

- Completed and signed Registration Form?
- Completed and signed Health Form?
- Completed and signed Waivers?

University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating  
University of Illinois Extension provides equal opportunities in programs an employment.  
If you need a reasonable accommodation to attend, call the registration office.

