



2017 AOS SUMMER DAY CAMP REGISTRATION

Camper ages 7-12

Teen Camp ages 13-15

•Please complete a separate form for each camper registered•

Session Choice: Please choose session(s) – one session per week

May 31 – June 2	June 12-16	June 19-23	June 26-30	July 5-7	July 10-14	July 17-21	July 24-28	July 31-Aug 4
<input type="checkbox"/> Counselor in Training (ages 16 & 17)	<input type="checkbox"/> Outdoor Adventures OR <input type="checkbox"/> Creativity	<input type="checkbox"/> Teen (ages 13-15) OR <input type="checkbox"/> Natural State of Science	<input type="checkbox"/> Wilderness Skills OR <input type="checkbox"/> Makers	<input type="checkbox"/> Pioneer Camp	<input type="checkbox"/> Sport of all Sorts OR <input type="checkbox"/> Outdoor Adventures	<input type="checkbox"/> Teen (ages 13-15) OR <input type="checkbox"/> Natural State of Science	<input type="checkbox"/> Wilderness Skills OR <input type="checkbox"/> Makers	<input type="checkbox"/> Greatest Hits

Camp fees are per week/per child and include the \$45.00 deposit and camp T-shirt.

SCHEDULE OPTIONS:		PRICING TIER OPTION:			SIBLING DISCOUNT
<input type="checkbox"/>	Option 1, 7:30 am – 5:30 pm	<input type="checkbox"/> Tier 1 - \$280	<input type="checkbox"/> Tier 2 - \$313	<input type="checkbox"/> Tier 3 - \$346	<input type="checkbox"/> Sibling- \$20 off
<input type="checkbox"/>	Option 2, 7:30 am – 3:00 pm	<input type="checkbox"/> Tier 1 - \$225	<input type="checkbox"/> Tier 2 - \$258	<input type="checkbox"/> Tier 3 - \$291	<input type="checkbox"/> Sibling- \$20 off
<input type="checkbox"/>	Option 3, 9:00 am – 3:00 pm	<input type="checkbox"/> Tier 1 - \$190	<input type="checkbox"/> Tier 2 - \$223	<input type="checkbox"/> Tier 3 - \$266	<input type="checkbox"/> Sibling- \$20 off
<input type="checkbox"/>	Option 4, 9:00 am – 5:30 pm	<input type="checkbox"/> Tier 1 - \$230	<input type="checkbox"/> Tier 2 - \$263	<input type="checkbox"/> Tier 3 - \$296	<input type="checkbox"/> Sibling- \$20 off

Child's Name _____ Age _____ Birthday _____ Check One: Male Female

Parent Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell () _____ Cell () _____

Email _____

T-Shirt Size: (Circle One) Youth: S M L Adult: S M L XL

How did you hear about AOS Summer Day Camp? Returning Camper Day Camp Signs LR Family Website

Family/Friend Flyers (school _____) Kid's Directory Facebook Other _____

Circle One: White Black/African American Am. Indian/Alaska Native Hawaiian/Pacific Island
Asian Two or More Races/Other Race Ethnicity: Hispanic (also circle race)

This information is requested for the sole purpose of determining compliance with federal civil rights laws and responses will not affect your eligibility to participate in Extension programs. By providing this information, you will assist us in assuring this program is administered in a nondiscriminatory manner.

4-H Center Programs does not accept cash. A deposit of \$45.00 (per child, per camp) is required with your registration. The balance of camp fees must be paid in full by the start date of your camp session. Please mail this registration form, health/activity form, code of conduct and check (made payable to CES) as soon as possible to address below. Teen Camp requires the ExCEL Release/Waiver of Liability. For forms-www.arkansas4hcenter.org, click Summer Day Camp. (Make copies for your records)

Camp fee (less \$45.00 deposit fee) will be refunded if cancellation is at least 2 weeks prior to your session start date.

NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS MADE LESS THAN 2 WEEKS BEFORE YOUR SESSION START DATE.

If you have any questions please contact: Mike Simmons, AOS Summer Day Camp Coordinator
#1 Four-H Way, Little Rock AR 72223 501-821-6884 or msimmons@uaex.edu



AOS Summer Day Camp Health & Activity/Release Form
 (This form will be kept confidential)

Camper Name: _____ Session Date: _____

Name: _____ Last First Middle Address: _____ City/Town: _____ Zip: _____ Date of Birth: _____ M___ F___	Emergency Contact Information Name: _____ Last First Phone: _____ Alt. Phone: _____ Relation to Camper: _____
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Statement of Understanding/Release

The AOS Summer Day Camp strives to create a positive program for all campers through experience-based activities. Participation in the AOS Summer Day Camp at the Arkansas 4-H Center may involve certain activities that are physically demanding, including but not limited to: swimming, canoeing, rock climbing, hiking and archery. By signing this statement I recognize there is a significant element of risk in any activity, sport or adventure associated with these outdoor activities. Knowing the inherent risks, dangers and rigors involved in the activities, I certify I or my minor child, is fully capable of participating in these activities. I understand and agree that I or my minor child has the personal responsibility to follow the established safety rules and procedures to the extent that he or she participates in such activities. By signing below, I agree I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service or its employees for any injury or damage that I or my minor child may receive while being transported or participating in the AOS Summer Day Camp program or activities.

Publications, Video, Social Media, Internet Permission

The Arkansas Cooperative Extension Service normally takes photographs, videos and/or audio recordings of our programs, including the AOS Summer Day Camp program and its activities. During activities, a photograph or video/audio recording may be taken of you or your child. By signing below, I give permission for the Arkansas Cooperative Extension Service to use my child's picture, art, written work, voice, image, and/or verbal statements in any medium now known or developed in the future without any restrictions for use in any promotional or education purposes.

Emergency Medical Information/Medical Authorization

Does your child have allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Food allergies (airborne/ingested):	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Does your child have any physical limitations that might limit participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Is your child presently taking medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Will your child need medication at camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. By signing below, I agree that the health history listed herein is true and correct, and I further authorize: 1) An attending physician and/or attendant health service staff to employ such diagnostic procedures and medical treatment as necessary; and 2) Medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims. I also understand and agree that I am financially responsible for charges not covered by the event insurance and hereby guarantee full payment to the attending physicians and/or health care units.

 Date Parent or Legal Guardian's Name (please print) Parent or Legal Guardian's Signature