



## 2018 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) – Please, only one session per week

| June 11-15  | June 18-22   | June 25-29  | July 2-6                              | July 9-13  | July 16-20  | July 23-27  | July 30-Aug 3                          |
|---|--|---|---------------------------------------|--|---|---|--|
| <input type="checkbox"/> Outdoor Adventures<br><b>OR</b><br><input type="checkbox"/> Creativity | <input type="checkbox"/> Teen <sup>1</sup><br><b>(ages 13-15)</b><br><b>OR</b><br><input type="checkbox"/> Science in Action | <input type="checkbox"/> Wilderness Skills<br><b>OR</b><br><input type="checkbox"/> Makers*<br><i>*Add \$30 to fees for building supplies</i> | <input type="checkbox"/> Pioneer Camp | <input type="checkbox"/> Sports of all Sorts<br><b>OR</b><br><input type="checkbox"/> Outdoor Adventures | <input type="checkbox"/> Teen <sup>1</sup><br><b>(ages 13-15)</b><br><b>OR</b><br><input type="checkbox"/> Natural State of Science | <input type="checkbox"/> Wilderness Skills<br><b>OR</b><br><input type="checkbox"/> Makers*<br><i>*Add \$30 to fees for building supplies</i> | <input type="checkbox"/> Greatest Hits |

**Camp fees are per week/per child and include the \$50.00 deposit and camp T-shirt.**

| SCHEDULE OPTIONS:        |                             | PRICING TIER OPTION:   |   |   | SIBLING DISCOUNT                           |
|--------------------------|-----------------------------|--|---|---|--|
|                          |                             | Tiers reflect voluntary pricing structure, ranging from subsidized to actual cost <sup>2</sup> |   |   |  |
| <input type="checkbox"/> | Option 1, 7:30 am – 5:30 pm | <input type="checkbox"/> Tier 1 - \$290  | <input type="checkbox"/> Tier 2 - \$323 | <input type="checkbox"/> Tier 3 - \$356 | <input type="checkbox"/> Sibling- \$20 off |
| <input type="checkbox"/> | Option 2, 7:30 am – 3:00 pm | <input type="checkbox"/> Tier 1 - \$235  | <input type="checkbox"/> Tier 2 - \$268 | <input type="checkbox"/> Tier 3 - \$300 | <input type="checkbox"/> Sibling- \$20 off |
| <input type="checkbox"/> | Option 3, 9:00 am – 3:00 pm | <input type="checkbox"/> Tier 1 - \$200  | <input type="checkbox"/> Tier 2 - \$233 | <input type="checkbox"/> Tier 3 - \$276 | <input type="checkbox"/> Sibling- \$20 off |
| <input type="checkbox"/> | Option 4, 9:00 am – 5:30 pm | <input type="checkbox"/> Tier 1 - \$240  | <input type="checkbox"/> Tier 2 - \$273 | <input type="checkbox"/> Tier 3 - \$305 | <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  Webpage

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.

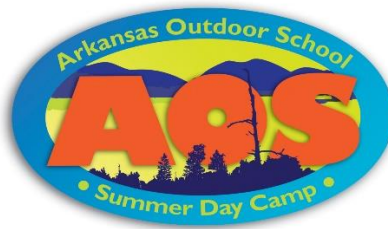
**4-H Center Programs does not accept cash. A deposit of \$50.00 (per child, per camp) is required with your registration. The balance of camp fees must be paid in full by the start date of your camp session. Please mail this registration form, health/activity form, code of conduct and check (made payable to CES) as soon as possible to address below.**

**Camp fee (less \$50.00 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.**

<sup>1</sup> Teen Camp requires the ExCEL Release/Waiver of Liability. Form at: [uaex.edu/excel](http://uaex.edu/excel) (Make copies for your records)

<sup>2</sup> A full explanation of The Tier Pricing Structure can be found in our Day Camp Parent Handbook; at [uaex.edu/daycamp](http://uaex.edu/daycamp)

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](mailto:msimmons@uaex.edu)



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

Camper Name: \_\_\_\_\_ Session Date: \_\_\_\_\_

|   |  |
|---|--|
| <p>Name: _____<br/>Last First Middle</p> <p>Address: _____</p> <p>City/Town: _____ Zip: _____</p> <p>Date of Birth: _____ M ___ F ___</p> | <p><b>Emergency Contact Information</b></p> <p>Name: _____<br/>Last First</p> <p>Phone: _____ Alt. Phone: _____</p> <p>Relation to Camper: _____</p> |
|---|--|

**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 that 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 to take medication while 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