



WSU Ferry County Extension
4-H Office
350 E. Delaware Ave. #9
Republic, WA 99166
(509) 775-5225, x1116
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STEM EXTRAVAGANZA!

2016 4-H Tech Wizards Day Camp

WSU Ferry County Extension

Saturday, March 19th
9:00 a.m. to 3:30 p.m.

At Republic School
Republic, WA

Open to All 4-H and Non 4-H Youth, Grades K-8
Maximum Registration of 50.
Register now to ensure your spot at camp!!



Questions? Call WSU Ferry County Extension at:
(509) 775-5225, x1116

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Persons with a disability requiring special accommodations while participating in this program may contact WSU Ferry County Extension at 350 E. Delaware Ave. #9 Republic, WA 99166, (509) 775-5225 X1116, or jordant@wsu.edu at least two weeks prior to the event.

Registration Form

Registration Fee by March 3rd

(Includes camp program, sweatshirt and lunch)

- \$20 4-H Member
 - \$25 Non 4-H
 - \$30 Late Registration *
- Registration Fee Waived if enrolled as: (Please check)**
- 4-H Youth & Adult Leaders as Volunteers

Name _____

Address _____

City _____

Male _____ Female _____ Age _____

Grade in School _____

4-H Club Name _____

Day Phone _____

Evening Phone _____

Email _____

Emergency Contact _____

Phone _____

I need to enroll in 4-H! Please send me the enrollment paperwork. Must be enrolled by March 3rd or pay non 4-H registration fee.

Sweatshirt Size Information: check the appropriate box:

- | YOUTH SIZE | | ADULT SIZE | |
|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Small | <input type="checkbox"/> X Large |
| <input type="checkbox"/> Large | <input type="checkbox"/> Large | <input type="checkbox"/> Medium | <input type="checkbox"/> XX Large |

Make checks payable to WSU

Mail all forms to: WSU Ferry County Extension
350 E. Delaware Ave. #9
Republic, WA 99166

Follow all the camp updates on
Facebook @ WSU Ferry County Extension

*Late registration—If you turn in your registration after March 3rd, you will have to pay the late registration fee of \$30 and will not be guaranteed a sweatshirt.

No registrations accepted after March 10.

Explore Through Tech Wizards!

You may be wondering, “What is STEM?” STEM stands for Science, Technology, Engineering and Mathematics and includes an enormous number of activities ranging from marshmallow catapults to gardening in a greenhouse. Come join us at camp for a fun and exciting day filled with STEM!

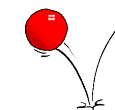
Make New Friends!



Greenhouse Service Project



Marshmallow Catapult



Homemade Bouncy Balls



Water Quality Workshop

Staff

Tonia Jordan — Camp Director
Justilynn Van Wyk — Coordinator
Alisha Hill — Presenter

Funded by Washington State 4-H Foundation, Attendees, 4-H Tech Wizards and Ferry County 4-H Leaders' Council.





Service Agreement for All Adult & Youth Volunteers & Applicant Authorization



SERVICE AGREEMENT FOR ALL STAFF - In order to participate in Day Camp projects and activities, staff volunteers must provide written permission to the terms and conditions as follows. Read carefully and sign below:

- I **agree** to carry out the responsibilities of my position, to the best of my abilities.
- I **agree** to participate in all Day Camp activities, as assigned by the Camp Director, to the very best of my abilities.
- I **agree** to model for youth and adults the 4-H philosophy of good citizenship and abide by the policies and standards of 4-H.
- I **agree** to attend all training sessions, to be on time and to be present during the entire training session.
- I **agree** to the 1 DAY COMMITMENT of Day Camp, to be on time, be present and participate for the entire day.
- I **agree** to notify the Camp Director immediately if, for any reason, I find that I am unable to carry out my responsibilities at Day Camp.

Grades/Ages with whom you have worked: ___ K-1 ___ grades 2-3
 ___ grades 4-5 ___ grades 6-8

Grades/Ages with whom you WOULD LIKE to work: ___ K-1 ___ grades 2-3
 ___ grades 4-5 ___ grades 6-8

I want to volunteer as a:

Youth Leader

Adult Leader

APPLICANT AUTHORIZATION

Confirmation - All statements contained in this application are subject to confirmation by the WSU Ferry County Extension 4-H Program.

Disclosure - I understand that Day Camp activities involve a normal level of risk. I assure that I am willing and able to participate in all Day Camp activities, am willing and able to participate in program activities, and am willing to abide by program policies and follow directions of supervisors.

Medical Care Authorization - I understand that reasonable measures will be taken to safeguard the health and safety of all participants.

Over-the-counter and/or Prescription medications - If your child requires any medications, please make sure they are able to self-dose while at camp and bring a suitable supply with them.

Please list any over-the-counter treatment exceptions under allergies.

ADULT AND YOUTH CAMPERS

As parent/legal guardian of (or if an adult yourself) _____ I hereby give my consent for the above named youth to participate in the 4-H Day Camp March 19th, 2016.

I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may have or accrue against Washington State University Extension, Ferry County, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries (physical or mental), including death, suffered in connection with this 4-H sponsored event.

My signature below gives my consent to the above statements.

Participant Signature

Parent/Guardian Signature

Date Signed _____

Date Signed _____



Participant's Medical Information & Permission for Treatment



Participant's Name _____

Participant's parent / legal guardian must provide a full disclosure of the participants past medical history, including any existing health conditions / injuries which may affect that participants involvement or affect other participants (i.e. recent injuries, allergies, medication, lice, etc.)

Do you have any physical problems, complaints or chronic illness at this time? Yes / No
 If yes, What? _____

Are you currently under the care of a physician or practitioner of any sort? Yes / No
 If yes, Why? _____

Are you taking medicine of any type? Yes / No
 If yes, What & what dosage? _____

Are you on a special diet? Yes / No
 If yes, What? _____

Do you have or ever have had:

Seizures? Yes / No If yes, explain _____
 Diabetes? Yes / No Taking insulin, what dosage? _____
 Asthma? Yes / No. Asthma medication? _____

ALLERGIES: LIST ALL KNOWN ALLERGIES (Including Foods)

Reactions, medications & dosages _____

Are you allergic to bee stings? If yes, what type of reaction? _____

I give permission for an EMT or Camp Coordinator to administer the following medicines for myself, or the above minor, in case of emergency or illness (check the ones you approve): _____ Burn Cooling Gel _____ Antibiotic Ointment _____ Motrin _____ Tylenol _____ Epinephrine (for bee sting, severe allergic reactions only. You must supply)

Any other medical information not asked for above _____

Name of Physician _____ Phone _____

Insurer _____ Group ID & No. _____

In case of emergency, I understand every reasonable effort will be made to contact me/my family member. In the event that I/ they cannot be reached, I hereby give permission to the physician selected by the camp directors to hospitalize my child/myself and secure proper treatment including surgery for my child/myself if I am unable to make my wishes known. I have read, understand, and agree to the above listed statement and do sign this agreement of my own free will.

Emergency Contact: _____ Parent/Guardian Home Phone _____ Parent/Guardian Cell Phone _____

Participant Signature

Parent/Guardian Signature

Date Signed