

4-H Beginning QUILT CAMP REGISTRATION FORM

To register for the **4-H Beginning QUILT Camp**, June 19th – June 23rd, 2017, complete this form and return it with any activity fees to the Walla Walla County Extension office at 328 West Poplar Street. Please contact the Extension office at (509) 524-2685 or email wallawalla.4h@wsu.edu for more information about each program.

\$25 Program fee MUST be paid at time of registration. (Cash or check only).

PRINT CLEARLY & COMPLETE BOTH SIDES OF FORM

Date: _____

First Name: _____ M.I. _____ Last Name: _____

Birthdate: _____ / _____ / _____ Currently a member of Walla Walla County 4-H? ☐ Yes ☐ No

Primary Phone (best contact number): _____ Cell Phone: _____

Primary Email Address (best contact email): _____

Secondary Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Please check an Ethnic box and a Race box. _____ Ethnic (check one): ☐ Hispanic ☐ Non-Hispanic

Race (check all that apply): ☐ White ☐ Black ☐ Am. Indian/Alaskan Nat. ☐ Asian ☐ Hawaiian/Pac. Islander

Gender: ☐ Male ☐ Female Grade: _____ (as of January 1 of current year) Age Category: ☐ Adult ☐ Youth

Residence: ☐ Farm (partial income from ag. products) ☐ Rural (less than 10,000) ☐ Town (10 – 50,000)

To be completed for all youth registrations (emergency contact information):

Parent/Guardian Name(s): _____

Work Phone: _____ Cell Phone: _____

Other: _____

Participant's Health Information (please print):

Physician's name _____ Phone number: _____

Health Insurance Carrier _____ Group #: _____ Policy #: _____

Subscriber Name _____ Date of Last Tetanus shot? _____ Mo./Year

Diabetes? ☐ Yes ☐ No Are you taking insulin? ☐ Yes ☐ No Type and dosage: _____

Asthma? ☐ Yes ☐ No Do you carry an inhaler? ☐ Yes ☐ No Where? _____

Allergy? ☐ Yes ☐ No To what? _____

Anaphylaxis type allergies like foods allergies, peanut allergy and bee or insect sting allergies? ☐ Yes ☐ No

Do you carry an Epipen® and/or Twinject®? ☐ Yes ☐ No If so, where? _____

Current illnesses: _____

Medications and dosage: _____

I hereby consent and agree that Washington State University, its employees or agents, have the right to take photographs, digital images, or video/film of me or my child, (and / or property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

In the case of an emergency if I, as participant or parent/guardian of participant, cannot be reached or am unable to give permission, I hereby authorize the physician selected by the event leader to hospitalize and secure proper treatment (including surgery and dental) for me or my child. In case of an emergency involving my child, I understand that every effort will be made to contact me.

I have read, understand and consent to the foregoing statements.

Parent of Youth Participant: _____ Date: _____
(Signature Required)

Beginning QUILT Camp: - *Registration deadline: Wednesday, June 14th by 5 p.m.*

Open to youth 4th – 12th grade only (youth must have completed 4th grade). Parents are encouraged to attend to assist.

To reserve a place in the camp you must:

1. Register early and pay registration fee.
2. Commit to attend all 5 days. Class size is very limited. Out of courtesy to others, if you cannot commit to the entire week, we encourage you not to sign up for the camp.

☐ Yes I can attend all 5 days (June 19th – June 23rd, 9:00 a.m. – 1:00 p.m. each day)
☐ I can only attend part of the camp, please consider me if room available
3. Be prepared to help others if you finish early. This is a group camp and the goal is to have all quilts finished by Friday.

Class sizes are small. Forms must be completed with required signatures. All registration fees are nonrefundable. **Lunch is not provided. Please bring your own sack lunch.**

Parent and member will attend **orientation meeting on Friday, June 16th 1 p.m. – 4 p.m.**

☐ Yes ☐ No

Parent will help with sewing session on the following days (check all that apply).

☐ **June 19** (Monday) ☐ **June 20** (Tuesday) ☐ **June 21** (Wednesday)
☐ **June 22** (Thursday) ☐ **June 23** (Friday)

Name of parent/adult volunteer: _____

Lap size quilts and matching pillow case will be made by all participants. No larger sized quilts will be made.

Office use only :	Total received: \$ _____	Check # _____	Cash _____
	Date received: _____	Initials: _____	Entered: _____

Cooperative Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, color, gender, national origin, religion, age, disability, and sexual orientation. Evidence of noncompliance may be reported through your local Extension office.