

# 4-H ADVANCED QUILT CAMP REGISTRATION FORM

## July 24 – 28, 2017

To register for the 4-H ADVANCED QUILT CAMP, complete this form and return it with any activity fees to the Walla Walla County Extension office at 328 West Poplar Street. Contact the Extension office at (509) 524-2685 or email [wallowalla.4h@wsu.edu](mailto:wallowalla.4h@wsu.edu) for more information about each program.

**\$35 Program fee MUST be paid at the 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)

**Advanced QUILT Camp:** - **Registration deadline: July 19<sup>th</sup> by 5 p.m.**  
**For youth 6<sup>th</sup> – 12<sup>th</sup> grade only.**

**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 (July 24<sup>th</sup> – July 28<sup>th</sup>, 9:00am – 1:00pm each day)

I can only attend part of the camp, please consider me if room available

Class size is small. Classes are filled on a first come, first paid basis. Forms must be completed with required signatures. All registration fees are nonrefundable.

**Lunch is not provided. Please bring your own sack lunch.**

<b>Office use only :</b>	<b>Total received: \$</b> _____	<b>Check #</b> _____	<b>Cash</b> _____
	<b>Date received:</b> _____	<b>Initials:</b> _____	<b>Entered:</b> _____

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.