

4-H SUMMER 4-KIDS REGISTRATION FORM

JUNE 25-28, 2019

To register for **4-H Summer 4-Kids**, complete this form and return it with any activity fees to the Thurston County Extension office at 3054 Carpenter Road SE, Olympia, Washington 98503. Contact the Extension office at (360) 867-2157, or email kristine.shackley@wsu.edu for more information about the program.

\$90 Program fee must be paid at the time of registration (Cash or check only). Scholarships are available.

PRINT CLEARLY & COMPLETE BOTH SIDES OF FORM

Date: _____

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

Birthdate: ____/____/____ Currently a member of Thurston 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. _____ Ethnicity (check one): ☐ Hispanic ☐ Non-Hispanic

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

Gender: ☐ Male ☐ Female Birthdate: _____ 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 _____

Does participant have any allergies or reactions? ___Yes ___No If so, please list and note if any allergy requires medical intervention _____

Does participant have any dietary needs? ___Yes ___No If so, please list _____

Participant's Health Information (cont.):

Does participant have any general health conditions that may affect his/her ability to participate in any activities?

___Yes ___No If so, please list _____

Additional individuals authorized to pick up your child: _____

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)

4-H SUMMER 4-KIDS - Registration deadline: Thursday, June 20, by 5 p.m.

Program is open to youth ages 6-12. Please make checks payable to Thurston County 4-H.

Lunch is not provided. Please bring your own sack lunch and a refillable water bottle. We will provide snacks.

T-shirt size: Youth Med___ Youth Lg___ Adult Sm___ Adult Med___ Adult Lg___

Please contact Kris Shackley at (360) 867-2157, or kristine.shackley@wsu.edu for more information.

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

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