

# 4-H Beginning QUILT CAMP REGISTRATION FORM

## June 19<sup>th</sup> – 23<sup>rd</sup>, 2023

To register for the **4-H Beginning QUILT Camp**, 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  American Indian/Alaskan Native  Asian  Hawaiian/Pacific 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: Monday, June 12<sup>th</sup> by 5 p.m.**

Open to youth 4<sup>th</sup> – 12<sup>th</sup> grade only (youth must have completed 4<sup>th</sup> grade). Parents, or another Helper, are encouraged to attend and assist.

**To reserve a place in the camp you must:**

1. Register early and pay registration fee.
2. **Commit to attend all 5 days.** Since **class size is limited to 10**, 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 19<sup>th</sup> – June 23<sup>rd</sup>, 9:00 a.m. – 1:00 p.m. each day)  
 I can only attend part of the camp. Please consider me if room is 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.**

Forms must be completed with required signatures. **All registration fees are nonrefundable.**

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

Parent/Helper and youth will attend the **required orientation meeting** on Friday, June 16<sup>th</sup>, 9 a.m. – 1 p.m.

Yes  No

Parent/Helper 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/helper: \_\_\_\_\_

**Lap size quilts and matching pillowcase will be made by all participants. No larger sized quilts will be made.**

<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> _____

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