

Campbell County 4-H Camp Registration

June 23 – 26, 2025

Return registration form & medical release by **Friday, May 30th** *NO Late forms accepted*

Name: _____

Your 4-H Club: _____

4-H age (As of Jan 1): _____ Male _____ Female _____

Have you attended 4-H camp before: _____

Name of Chaperone: _____
(every club is responsible for male and female chaperones for their members)

Bus - Bussing will be available to camp and back home

Riding Bus to Camp: Yes _____ No _____

Riding Bus home from Camp: Yes _____ No _____

4-H Camp - \$70.00 – please pay your club, then clubs pay the 4-H Council
**registered campers who do not attend camp must still pay!*

Parent Release Statement:

I am willing for _____ to attend the Campbell County 4-H Camp. I hereby release the University of Wyoming staff, Campbell County 4-H Council and 4-H Volunteers of all liability for injuries, accidents and / or illness of any kind sustained during 4-H camp, including time of transportation. I also certify that my child is physically able to make this trip, attend camp and has my permission to do so. Photos of 4-H campers may be used for promotional purposes. 4-H Members must act in accordance with the Campbell County 4-H Code of Conduct. Members in violation of the Code of Conduct will be sent home. In the event of injury or illness to my child, I authorize Camp Personnel to arrange for necessary and appropriate medical treatment by any licensed medical facility.

Parent/Guardian Signature: _____ Date: _____

The University of Wyoming is an equal opportunity/affirmative action institution.

Campbell County 4-H Camp Authorization for Medical Care and Treatment

Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian Name: _____ Phone: _____

If unavailable, contact: _____ Phone: _____

Physician: _____ Dentist: _____

Allergies: (foods, medicines, nature- symptoms & medications acceptable)

Medical Conditions:

Medications: (include medication)

Additional Information:

Campbell County 4-H Staff and Medical Volunteers have the permission to give the following checked medications:

<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Aloe Gel	<input type="checkbox"/> Antacid
<input type="checkbox"/> Antibiotic Lotion	<input type="checkbox"/> Benedryl	<input type="checkbox"/> Bug Spray
<input type="checkbox"/> Calamine	<input type="checkbox"/> Claritin	<input type="checkbox"/> Eye Irrigation
<input type="checkbox"/> First Aid Spray	<input type="checkbox"/> Hydrocortisone Cream	<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Pepto Bismal	<input type="checkbox"/> Sunscreen	

I have read, understand and agree to the terms and conditions of this release. By signing, I am also indicating this was done freely and without inducement.

Parent / Guardian Name (printed)

Date

Parent / Guardian Signature