



BEACH PARTY LOCK-IN DAY AT THE BEACH

Longing for Summer? So are we!
Come, join us for a little taste of
summer fun!

Arrive at 1:00 pm for an afternoon full of games,
making new friends, crafts, and a lot of fun!



IOWA STATE UNIVERSITY
Extension and Outreach

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran. Direct inquiries to Ross Wilburn, 515-294-1482, <http://wilburn@iastate.edu>.



Hosted by Washington County
4-H ELITE Project Team

Where: Washington Community Y,
121 East Main Street, Washington, IA

When: Sunday, March 4, 2018,
1:00-5:00 pm

Who: Kindergarten-3rd grade youth.
Clover Kid membership not required

Cost: \$10 per person. Wash Co Clover
kid members are free using funds from
the fall butter braid fundraiser.
Pre-registration is required by returning
the completed form on the back.

Bring: A great attitude and a friend!

Registration and payment are due to
Washington County Extension Office by
February 9, 2018. No refunds after
February 23, 2018.

For more information, contact
Washington County Extension Office
(319) 653-4811
Listen to 106.1FM or watch "Washington
County 4-H – Iowa" on Facebook for
weather cancellations.

Beach Party Registration

Completed form and fee due by **Feb 9..** Limited space available. Return to Washington County Extension Office at 2223 250th, Washington, Iowa, 52353. 319-653-4811

Child Name _____ Grade _____
Family Email (used for confirmation and reminders after deadline) _____ 4-H/Clover Kid Member? Yes No

Street Address _____ Parent Cell _____
City _____ State _____ Zip _____
Name of Parent(s) or Guardian(s) _____
Emergency Contact Name besides parents listed above & relationship: _____
Emergency Number/Daytime Phone: _____

HEALTH INFORMATION

Allergies or reactions: (Check all that apply.)

Aspirin Penicillin Dairy Gluten Peanuts Insect bites or stings Ivy/oak/sumac toxins Other (list) _____

Is your child currently on any prescribed or over-the-counter medication? (If so, please record the condition/ailment, name of medication, dosage, time of day, prescribing physician.)

Date of last tetanus shot (approximate if necessary): _____

Does your child have any behavioral needs/concerns that we need to be aware of for a positive day camp experience? Please explain.

INSURANCE POLICY INFORMATION

I understand that ISU Extension and Outreach purchases a primary accident insurance policy to cover ISU Extension participants during authorized group events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits. _____ initial _____ date

TO BE READ AND SIGNED BY PARTICIPANT (Youth)—BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant, I will help make the activity safe for everyone and will be respectful of everyone. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature _____ Date _____

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

Parent Signature _____ Date _____

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension and Outreach staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit (other than those covered by an ISU Extension accident insurance plan). In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Staff regarding a legal waiver in order to attend and participate.)

_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the summer camp program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the program leader.

_____ initial _____ date

ISU EXTENSION AND OUTREACH ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for my child to participate in the ISU Extension program. I understand that activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some activities including but not limited to: water activities and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the ISU Extension and Outreach program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature _____ Date _____