

4C CAMP FOR ADULTS 2011
CAMPER REGISTRATION FORM
ALL INFORMATION PERTAINING TO THE CAMPER MUST BE ON THIS FORM ONLY!!

PLEASE SEND IN WITH DEPOSIT BEFORE AUGUST 6, 2011.

Camper's Name _____ Gender _____
 Mailing Address _____ E-mail Address _____
 City _____ State _____ Zip _____
 Cell Phone: () _____ Home Phone () _____
 Age (circle one) 18-30 31-40 41-55 56-65 65+ Former 4-H camper? Yes ___ No ___
Do we have permission to share the above information with other campers? Yes No
Do we have permission to share your photo? Yes No

In case of emergency, notify:

Name _____ Relationship _____
 Cell Phone: () _____ Home Phone () _____
 Name _____ Relationship _____
 Cell Phone: () _____ Home Phone () _____

Arrangements: Which accommodations will you be needing? (List special needs on back)

Cabin bunk Own tent Own camper/RV Off premises
 Couple cabin List roommate: _____
 Own group cabin List roommates: _____

SPECIAL REQUIREMENTS OR CONSIDERATIONS: (Use back, if necessary)

Diet _____ Food Allergies _____
 Other _____

HEALTH CONDITIONS OR CONSIDERATIONS: (Use back, if necessary)

List any medical conditions or considerations, operations, serious injuries or special considerations.

Allergies _____ Seizures _____ Diabetes _____
 Drug Allergies _____ Insect Stings _____ Inhaler _____
 Asthma _____ Insulin _____ Mobility _____
 Other _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I certify that the information given in this form is current and correct. I hereby give permission to the medical personnel to provide or arrange for necessary transportation. In the event that your contact persons cannot be reached in an emergency, I hereby give permission to the local physician to secure and administer treatment, including hospitalization, for the person named above.

Signature: _____ Date _____

DISCLAIMER - Subject to all the following terms and conditions:

4C Camp for Adults participants shall defend, indemnify, and hold harmless the CORNELL COOPERATIVE EXTENSION OF DELAWARE AND THE COUNTY OF DELAWARE, its officers, directors, employees, volunteers, and agents from any and all claims, demands, liability, or other proceedings for any actual or alleged injury to persons, including death, or damage to property arising out of attending camp.

Signature: _____ Date _____

FOR OFFICE USE ONLY

DATE CHECK # AMOUNT

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PAYMENT This application must be accompanied by a \$25 pre-registration deposit. This fee is non-refundable if your application is accepted and you do not attend. Balance of \$100 can be paid in advance or at registration. Make check payable to **CCE Delaware County** (note for 4C Camp).

Limited camperships available, based on need. Apply by 7/25/11