

**Student Application
Natural Resources Camp
at the Central Idaho 4-H Camp - Ketchum, Idaho
June 27 – July 2, 2011**

Visit the NRC website at: <http://extension.ag.uidaho.edu/nrc>

1. Name _____ Preferred Name for Badge: _____

Address _____
Street City State Zip

Phone: _____
(County)

Age _____ Birth date _____ Male/Female _____ School Attending _____
(Circle)

Scholarship provided by: _____ Referred By: _____ T-Shirt Size: _____
(If Applicable)

Email _____

How did you learn about the NRC? _____

2. Camp Registration Fee: \$205.00 payable to the **Natural Resources Camp** by May 21, 2011. Late registration fee is \$225.00. There will be no refunds for cancellations after June 11, 2011. Cancellations before June 11, 2011 will be refunded in the amount of the registration fee less 15%. Registration fees include food, lodging, and accident insurance. They do not include transportation to and from the camp. Camp is limited to the first 90 campers who submit a completed and signed application and Health and Medical Release Form with payment to: **Natural Resources Camp, c/o University of Idaho Twin Falls R & E Center, Attn: Laura Baxter, PO Box 1827, Twin Falls, Idaho, 83303-1827**. Partial or full scholarships covering camp registration fees may be available through local Soil Conservation Districts. Call Nancy Weatherstone at 208-888-1890 ext.102 for Soil Conservation District contact information in your area. Contact for camp information: Megan Satterwhite at 736-3634.

3. **Camp Rules, Conduct, and Responsibilities:** I have read the attached Natural Resources Camp "Information, Rules, and Conduct" page. I agree to abide by these rules and conduct and cooperate fully with all NRC staff. I understand that disobedience of these rules and conduct could result in a camper being sent home. Upon notification by a NRC Director, the Parent/Guardian agrees that they will make arrangements promptly to pick up the dismissed camper at camp and will do so at their own expense.

Student/Camper signature Date

Parent or Guardian signature Date

4. **Parental permission:** I/We hereby grant the above named camper permission to attend the Central Idaho Natural Resources Camp. As parents or guardians, I/we understand that there is additional exposure of camp participants to mishaps or accidents. I/We understand that field trips will be taken in the camp area, and my child will participate in all camp activities. This may include fishing, sports, hikes, and other planned camp activities. I/We accept this additional risk and release the State of Idaho, Central Idaho 4-H Camp, Inc., its Board of Directors and employees, Idaho Association of Soil Conservation Districts, University of Idaho Cooperative Extension System, Idaho Department of Fish and Game, USDA-Natural Resources Conservation Service, Idaho Soil Conservation Commission, Sawtooth National Recreation Area, Idaho Department of Lands, U.S. Fish & Wildlife Service, and the Camp staff from liability for any incident which might occur while participating in the camp or while traveling to and from camp.

Parent or Guardian signature Date

5. **TRANSPORTATION:** My child will return home from camp with (name of person): _____

Name: _____ Relationship: _____

**Natural Resources Camp
Health and Medical Release Form**

Applicant's Name: _____

Mailing Address _____ City _____ State _____ Zip _____

Age _____ Birthdate _____ Phone: _____

Parent/Guardian Names: _____

Insurance Provider _____ Member/I.D. Number _____
(Emergency hospitalization use only)

Other emergency contact(s): Name: _____ Phone: _____

Parent/Guardian: Complete this form and return with application. If changes occur prior to camp, fill out another release form and bring to camp. Information on form will be given to the camp Paramedic/Nurse and is confidential. This information will be used only for the camper's welfare. **All medicines must be checked in with the Paramedic/Nurse upon arrival. Medicines must be properly labeled and include instructions. After check-in campers will be able to keep on their possession rescue inhalers, epi-pens, etc.**

HEALTH HISTORY: Camper health and medical information needs to be made known to the camp.

ALLERGIES: List all known allergies and describe reaction and management of the reaction.

Medication Allergies: _____

Food Allergies or Special diet Needs: _____

Other Allergies: (including insect stings, hay fever, asthma, animal dander, ect.) _____

Please check **YES** or **NO** or explain if the camper is subject to:

Headaches _____ Chronic conditions _____

Fainting spells _____ Epilepsy _____ Tonsillitis _____ Asthma _____ Hay Fever _____ Ear or Sinus trouble _____

Bedwetting _____ Abdominal pains _____ When? _____

Sleep walking _____ Cramps _____ When? _____

Explain any other conditions _____

IMMUNIZATION: Is the camper up to date on his or her Tetanus booster immunization? **YES** or **NO** (Please Circle)

Date of last Tetanus immunization: _____

Attendance at camp requires that youth be able to participate in all activities including sitting attentively in classroom situations, participating in field/lab exercises, and working in group and team situations. We are able to provide reasonable accommodations for youth with advance notice. We do not have the ability to provide one-on-one supervision. If there is some reason your child cannot participate as expected, please list reasons and what accommodations are necessary. _____

Limitations (physical activities, sight, hearing, learning, emotional, others) _____