

CAMP SHAW-WAW-NAS-SEE 2009 SUMMER PROGRAM REGISTRATION

PLEASE PRINT CAREFULLY—Parental signature required for campers under 18. CAMPER INFORMATION (one form for each camper in individual programs) T-shirts are included w/ registration fees this year, so please include T-shirt size ____ Camper Last Name _____ Camper First Name _____

Grade in Sept. '08 ____ Sex ____ Mailing Address _____ City _____ State ____ Zip Code _____

Residence County _____ 4-H Member? YES NO 4-H Membership County _____ Birth Date ____/____/____

Cabin Mate Requested (one name only) _____

How did you hear about camp? _____

CAMPER HEALTH HISTORY Health history NOW REQUIRES a doctor's visit and must include Doctor's Signature—_____

Phone No. _____ Date of Last D.P.T. ____/____/____ Last Dr. Visit ____/____/____ Recent Exposure to Contagious Disease? YES NO

Explain: _____ Most Recent Illness & Treatment: _____ History of Chronic: ____ Nose, Throat, Sinus, Ear, or Lung Infection ____ Heat Exhaustion or Fainting ____ Bed Wetting ____ Epilepsy ____ Allergies to _____ Sleep Walking ____ Nose Bleeds ____ Skin Condition ____ Diabetes ____ Asthma ____ Emotional/Behavior Disturbances ____ Other _____ List All Medications Taken: _____

_____ List Restrictions to Active Camp Life: _____

I understand that in case of serious injury or illness, we will be notified; but if it is impossible to contact us, we give permission for emergency treating or surgery as recommended by attending physician. I certify this camper is in good health and to the best of my knowledge has not recently been exposed to any contagious disease. I give permission for this camper to attend 4-H Camp and participate in all camp activities including out-of-camp travel when it is part of the camp program, and may appear in pictures for publicity purposes. To the best of my knowledge this camper's health history is as indicated and this camper may participate in an active camp program except as indicated.

Signature of Parent/Guardian OR Adult Camper (over 18) X _____ Date _____

List Phone Numbers Where Parent can be reached: HOME: (____) _____ day night; WORK: (____) _____ day night CELL: (____) _____ day night

CAMP SESSION CHOICES: Write in Camp Date and Circle All Fees That Apply. LIABILITY WAIVER FOR HORSE & CANOE ACTIVITIES MUST BE SIGNED and RETURNED WITH THIS APPLICATION.

Youth Camp Early Bird \$245 reg. \$265 (date) _____ Horse 1 hour ride \$25 Horsemanship Program \$120 Canoe \$45 subtotal: _____

Extreme Camp Early Bird \$350 Reg. \$375: (date) _____ Horse 1 hour ride \$25 Horsemanship Program \$120 Canoe \$45 subtotal: _____

CIT I and II: Early Bird \$5 Regular \$10 subtotal: _____

Family Camp \$425 plus \$60 for each additional over 5—July 31, Aug 1 and 2 Number of People in Group _____ Number of Horse Rides @ \$25 _____ subtotal: _____

TOTAL FEES PAID _____

PAYMENT INFORMATION

Make checks payable to N.I.C.A. Check/ Money Order Enclosed \$ _____ PLEASE ADD MY Tax Deductible DONATION TO Campaign Camp Shaw \$ _____

MasterCard, VISA, Discover or American Express Card No. _____ Card Expiration Date Month ____ / Year ____

Card Holder Signature _____ Print Card Holder Name _____ Fee Authorized on Credit Card \$ _____

Card Holder Address _____ Home Phone (____) _____

SEND FULL FEE and completed form to: N.I.C.A. ATTN: REGISTRAR 6641 N 6000W ROAD MANTENO, IL 60950-3428