

# 4-5 & YOUTHS DEVELOPMENT SUMMER SEWING AND ENTREPRENEURIAL CAMP

The purpose of this camp is to encourage young people to discover their creativity, independence and self-expression by acquiring sewing skills and entrepreneurial techniques that will enhance their confidence and ability to succeed in business.

ONLY 20 SLOTS AVAILABLE  
CAMP FEE: FREE

MONDAY - FRIDAY  
June 18, 2007 - July 27,  
2007

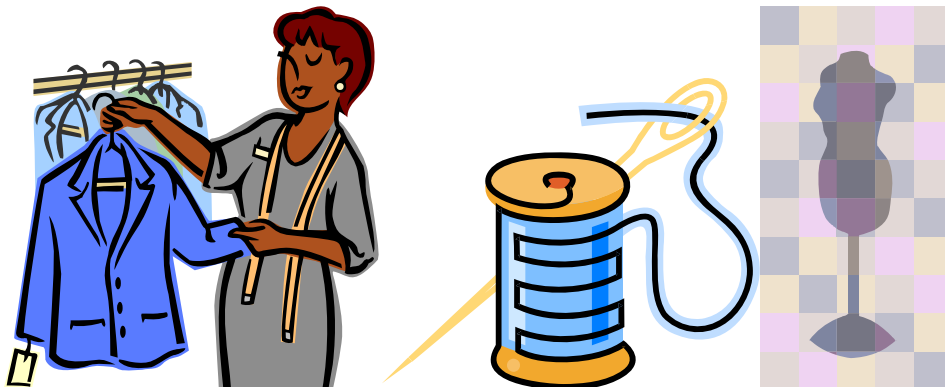


**9:00 AM – 3:00 PM**

**To receive an application, call the number below and to return completed applications send to the address below:**

**Catherine D. Dyson, Administrative Assistant, 4-H & Youth Development  
University of the District of Columbia  
Cooperative Extension Service  
4200 Connecticut Avenue, NW  
Building 52, Room 322  
Washington, DC 20008  
(202) 274-7115  
(202) 274-7130 (fax)**

**CAMPERS WILL NEED TO  
BRING A BAG LUNCHES  
DAILY**



# FOR AN APPLICATION, CALL

Ms. Catherine Dyson  
(Office) (202) 274-7115  
(Fax) (202) 274-7130

---

In cooperation with the U.S. Department of Agriculture and the District of Columbia Government, the Cooperative Extension Service and the Agricultural Experiment Station, programs and employment opportunities are available to all people regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.

---

## UDC Cooperative Extension Service 4-5 Summer Camp Registration Form

Date: \_\_\_\_\_

### Participant's Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Parents/Guardian Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in September of 2007 \_\_\_\_\_

School you will be attending in September of 2007 \_\_\_\_\_

What career are you interested in pursuing after high school? \_\_\_\_\_

Have you ever participated in the 4-5 program? (Check one) Yes \_\_\_ No \_\_\_

RACE: AFRICAN AMERICAN \_\_\_ WHITE \_\_\_ NATIVE AMERICAN \_\_\_  
HISPANIC \_\_\_ ASIAN \_\_\_ OTHER \_\_\_\_\_

AGE (AS OF JANUARY 1) \_\_\_\_\_ GENDER: MALE \_\_\_ FEMALE \_\_\_

### Parent/Guardian Information

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Back up Contact Person**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Other Contact Number: \_\_\_\_\_ Email address \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Insurance Information**

Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Name of primary insured person \_\_\_\_\_  
Telephone number of the insurance company \_\_\_\_\_ Child's Physician -  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Child's Dentist: Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone number \_\_\_\_\_

**PLEASE LIST ALL ALLERGIES INCLUDING ALLERGIES TO FOOD**

\_\_\_\_\_

**ARE THERE ACTIVITIES THAT YOUR CHILD CANNOT PARTICIPATE IN. IF SO, PLEASE SPECIFY.**

\_\_\_\_\_

*In case of an emergency, the signature below gives the University of the District of Columbia 4-5 & Youth Development's Summer Camp official's permission to obtain medical treatment for while he/she is participating in camp activities.*

\_\_\_\_\_ Date \_\_\_\_\_

*Signature of Parent or Guardian*

*Date*

**PERMISSION AND RELEASE FORM  
FOR 4-5 SUMMER CAMP AND ACTIVITIES**

Participant full name (print or type) \_\_\_\_\_

Participant's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I release and hold harmless the University of the District of Columbia, the local sponsoring groups, and all other sponsoring organizations, their agents, and/or employees, from any harm or damage to me or to my property arising out of participation in summer camp.

I agree that the University of the District of Columbia is the sole owner of all the rights to the University of the District of Columbia Cooperative Extension Service 4-H and Youth Development name, program, logo, materials, copyrights and service marks, and all royalties, income and/or fees in connection with 4-H and Youth development Program.

I waive all claims for payment of money in connection with my participation in 4-H Summer Camp Program.

I grant to University of the District of Columbia Cooperative Extension Service, its agents and/or licensees, my unrestricted permission to use and re-use my name, photograph, any other likeness and biographical information. This grant includes the use of such information or likeness on television and in any other media for the purpose and for use in publicity and advertising in all media.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## **IF PARTICIPANT IS UNDER 18 YEARS OLD**

A Parent or Legal Guardian must read the following and sign below: I am the parent/legal guardian of the participant and have the authority to make this agreement on behalf of the participant. I give my permission and consent that participant take part in 4-H summer camp program activities. I agree to the above terms on behalf of the participant.

Parent/Legal Guardian Name (print) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return all forms to the University of the District of Columbia 4-H & Youth Development Summer Camp *ATTENTION:* Rebecca Bankhead, 4200 Connecticut Avenue, N.W. Washington, D.C. 20008,**

**If you need additional information: Please contact our office on 202 274-7115 or fax us on, 202 274-7130.**