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
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 LUNCH DAILY
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-H 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-H 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 ______

FOR AN APPLICATION,
CALL
Ms. Catherine Dyson
(Office) (202) 274-7115
(Fax) (202) 274-7130
Email address ____________________________

**Back up Contact Person**

Name: ___________________________________________________________________________
Address: ___________________________________________________________________________
Phone Numbers: Work ___________ Home: ___________ Cell Phone: ___________
Other Contact Number: ___________________________ Email address: ___________________________

**Emergency Contact Information**

Name: ___________________________________________________________________________
Address: ___________________________________________________________________________
Phone Numbers: Work __________ Home: ___________ Cell Phone: ___________
Relationship to child: __________________________________________________________________
Name: ___________________________________________________________________________
Address: ___________________________________________________________________________
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-H & Youth Development’s Summer Camp official’s permission to obtain medical treatment for while he/she is participating in camp activities.

_________________________________________         __________________________
Signature of Parent or Guardian                                           Date

**PERMISSION AND RELEASE FORM**
**FOR 4-H 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.