

**PARENTAL SIGNATURE  
PLEASE INITIAL AND SIGN BELOW**

**\_\_\_ AUTHORIZATION FOR MEDICAL CARE**

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance

**\_\_\_ MEDIA RELEASE**

- I give permission to use member's image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes.
- I give permission to release member's name and hometown to news media for recognition purposes.
- I give permission for the member to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that the member may choose not to participate in surveys.

**\_\_\_ CODE OF CONDUCT**

I have read and agree to the 4-H Code of Conduct on page 3. I understand that violations may result in loss of eligibility of my child to participate in future 4-H Youth Development events and activities or loss of membership privileges. Violations while participating in out-of-county events may result in the member being sent home at the expense of the parent or guardian

\_\_\_\_\_  
*parent signature*

\_\_\_\_\_  
*date*

**YOUTH SIGNATURE  
PLEASE SIGN BELOW**

**MEDIA RELEASE**

- I give permission to use my image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes.
- I give permission to release my name and hometown to news media for recognition purposes.
- I give permission to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that I may choose not to participate in surveys.
- I understand that I will be asked for my verbal assent before completing a survey or an evaluation.

**\_\_\_ CODE OF CONDUCT**

I have read and agree to the 4-H Code of Conduct on page 3. I understand that violations may result in loss of eligibility of my child to participate in future 4-H Youth Development events and activities or loss of membership privileges. Violations while participating in out-of-county events may result in the member being sent home at the expense of the parent or guardian

\_\_\_\_\_  
*Youth Signature*

\_\_\_\_\_  
*date*

**CAMP DEPOSIT AND CREDIT CARD OPTIONS:**

A minimum of \$25.00 deposit is required to hold your camp spot. Full payment is due two weeks prior to start of camp.

**Mail, hand deliver or fax completed form with full payment to:**

OSU Extension 4-H Camp  
18640 NW Walker Rd, Suite 1400  
Beaverton, OR 97006-8927  
FAX: 503-690-3124

**PAY BY VISA:** visit our website at: <http://extension.oregonstate.edu/metro4h/4-h-camps>

**REFUND POLICY**

- All cancellations must be in writing (email or fax OK)
- 100% of the registration fee will be refunded if cancellation is requested 10 business days (July 24, 2009) or more before the activity.
- 50% of the registration fee will be refunded if cancellation occurs five to nine (July 31, 2009) business days before the 4-H activity begins.
- No refunds will be made when cancellations occur within 5 business days of the activity or when the campers do not show up for the activity.

SEE PAGE ONE: CONFIRMATION PACKETS SENT BY EMAIL UNLESS OTHERWISE NOTED