

4-H CAMPER PICKUP FORM

For your child’s safety, the names on this form, are the ONLY people that will be allowed to pick up your child. **If applicable**, each parent’s name should be listed, as well as any additional adults.

Name(s) of authorized pickup

has my permission to pickup _____ at 4-H Camp Wabasso.
(Name of camper)

Parent Signature

Date

OFFICIAL CAMP USE ONLY

Camper Name _____

Authorized Pickup Signature _____ *Date* _____

Permission to attend 4-H Camp Wabasso

(Must be signed to attend Camp)

I approve of _____'s attendance at Camp Wabasso. He/She is in normal health and will submit to an examination by the camp health coordinator. Recognizing that all safety and health precautions are taken at camp, that all State Board of Health requirements are met, I hereby release the Cornell Cooperative Extension Association of Jefferson County, my home county Extension Association and Camp Wabasso from any further obligation or liability.

Parent’s/Guardian’s Signature

Date

Rules

I agree to abide by the following Camp Wabasso rules and understand that violations may result in being dismissed from camp.

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| 1. Respect others privacy and belongings. | 8. Food and drinks are not allowed in cabins. |
| 2. No throwing sand, rocks, harmful objects. | 9. Always tell your cabin counselor where you are going. |
| 3. Always use a buddy. | 10. No boys near girls’ cabins, no girls near boys’ cabins. |
| 5. Camp is a smoking and drug free area. | 11. Jewelry dangerous to activities will not be worn |
| 6. Wild animals are not to be fed. | 12. Knives and other weapons are not allowed at camp. |
| 7. Nurse must keep all medications. | |

Child’s Signature

Date

I give my permission to search my camper’s belongings with the camper present when the health, well-being, or safety of the campers or others is at risk. We have reviewed the rules of Camp Wabasso with the understanding that violations may result in my child being dismissed from camp.

Cornell Cooperative Extension Association of Jefferson County is granted permission to use and/or publish my child’s photograph or image (including audio, film, digital image or any other media) for educational programs or promotion of Extension programs, including 4-H Camp Wabasso.

Parent’s/Guardian’s Signature

Date