

**2024 WARRICK COUNTY 4-H CAMP
CAMP COUNSELOR REGISTRATION
“GOING FOR THE GOLD”**

Name _____ Boy _____ or Girl _____

Address _____

Home Phone _____ School Grade (as of 1/1/24) _____

Birthdate: _____ Age: _____

Parent or Guardian _____ Phone _____

4-H Club _____ School _____

I would like to bunk with _____
(We will try to make sure you are with at least one person you know. There will be no changes of rooms, so check with your friends before writing down their names.)

SELECT T-SHIRT SIZE

Youth: Med (10-12) _____ Large (14-16) _____

Adult: Small _____ Med _____ Large _____ XL _____ 2XL _____ 3XL _____

SWIMMING

My child has my permission to enter the DEEP END of the pool: YES: _____ OR NO: _____

Parent signature: _____

REGISTRATION INFORMATION

Enclose Camp Counselor Registration Cost of \$160.00

Make checks payable to “Warrick County 4-H Clubs, Inc.”

Mail to: Purdue Extension – Warrick County
107 W. Locust St., Suite 111
Boonville, IN 47601

Deadline to have registration complete is on or before May 9, 2024 by 4:00PM. Registration includes: Registration Form, Health Form, payment and registering in 4-H online.

REMINDER: Space is limited-applications are accepted on a first come, first serve basis.

**** We must have a Health Form on file for 4-H members to stay at camp. The Health Forms completed in 4-H online enrollment are for Fair and 4-H club use only. Please complete and return the enclosed Health Form with your registration. ****

LEAVING CAMP EARLY OR DURING CAMP

We **STRONGLY** discourage campers leaving early or for short times during camp because it disrupts the flow of camp for everyone. If it is necessary, you should plan on arriving **at least** 15 minutes before you need to leave so that your child can be located and checked out. This form must be returned with the camp application.

Camper Name: _____

Parent Name: _____

Contact Phone: _____

Reason for Leaving _____

Date Leaving _____ Departure Time: _____

Will Camper Be Returning? YES: _____ OR NO: _____

If Returning, What Time: _____

Person picking up camper: _____

Phone: _____

Parent Signature _____

FOR AUTHORIZED CAMP STAFF ONLY

Camper Departed:

Date _____ Departure time _____

Signature of Camp staff: _____

Signature of person picking up Camper: _____

Camper Returned:

Date _____ Departure time _____

Signature of Camp staff: _____

Signature of person leaving Camper: _____