

**2017 NW Area County Day Camp Enrollment Form
For Day Camp Registration Use**

County: Graham Facilitator: Karen Shepard, County Agent

Youth's Name: _____ DOB: _____ Gender: _____
_____ DOB: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ ** Emergency Telephone: _____

Cell Phone: _____

(1) I hereby give permission for _____ to be treated by a health professional in case of illness or an accident while at Day Camp.

Parent/Guardian Signature

(2) I hereby give permission for _____ to be included in photos/videos that might be taken during the County Day Camp Session.

Parent/Guardian Signature

(3) I hereby give permission for _____ (youth) to attend County Day Camp at Antelope Lake (location) on May 31, 2017 (date).

Parent/Guardian Signature

Return to: Graham County Extension Office
410 N Pomeroy, Courthouse
Hill City, KS 67642

Enrollment due by: Monday, May 22, 2017 at 5:00 p.m.
Please make check out to: GRAHAM COUNTY 4-H COUNCIL

**Telephone number where someone could be reached in case of illness/accident