



Conservation Day Camp - June 18-20, 2024

Youth helper REGISTRATION FORM

7th-8th GRADE

Youth Helper Information

HELPER NAME: First		Name your child goes by			Last	
ADDRESS: Street			City		State	ZIP
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE	DATE OF BIRTH		GRADE COMPLETED	
T-SHIRT SIZE: Small		Medium	Large	XL	2XL	
PARENT/LEGAL GUARDIAN NAME: First				Last		
PHONE				EMAIL		

Youth Helpers will be assigned a specific station to assist for each day of camp. Please choose one or two of the following stations that interest you: Archery Axe Throwing Candle-Dipping Crafts/Painting Creeking Hiking Tie-Dye

If anyone other than yourself will pick up your child from camp, please list their name(s) here:

Medical Information

List any Specific Allergies & Reactions; Physical, Health, or Behavioral Limitations; and Current Medications & Dosage. All medication is to be given to camp nurse at registration in original labeled containers, including dosage instructions.

PHYSICIAN'S NAME	PHONE
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Consent/Waiver of Liability

I give my child permission to participate in all on-site activities at Conservation Day Camp. I understand participants will be supervised and are expected to cooperate in activities and abide by camp policies of conduct and attitude. The camp reserves the right to dismiss helpers who fail to follow these guidelines without refund. I also understand the Staff, Preble Soil and Water Conservation District, and the Preble County Historical Society are not responsible in the event of accidental injury or illness, nor the compounded injury or illness to the participant's present medical conditions listed. I give permission to camp staff to administer basic first aid to my child, including ibuprofen, acetaminophen, and Benadryl. I further understand in case of serious injury or illness, every reasonable effort will be made to notify me. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant named above.

I give Preble Soil and Water Conservation District permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the above organizations with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

PARENT/GUARDIAN SIGNATURE	DATE
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The non-refundable fee of \$40 for Youth Helpers must accompany this form. Make checks payable to: Preble SWCD.
 Registration forms and camp fees must be returned by **Friday, May 17** to: Preble SWCD, 2789 US RT 35 E, West Alexandria, OH 45381
 Please direct all questions to bjprice@prebleswcd.org or call (937) 456-5159.