

# Adventure Camp Camper Registration Form 2024

**Who:** Racine and Kenosha County 4-H members who are in 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade during the 2023-2024 school year. Acceptance for camp is first-come, first-served, and space is limited to 20 campers.

**What:** Adventure Camp includes a variety of activities and learning experiences including sleeping in tents, water sports, swimming, wilderness cooking, hiking, campfires, and more!

**Where:** Upham Woods N194 County Rd N Wisconsin Dells, WI 53965

**When:** **Friday, August 9, 2024 - Sunday, August 11, 2024 – Time and Transportation Information to follow!**

**Cost:** The cost is \$90.00 per camper which covers meals, T-shirt, supplies, transportation, programming and a Naturalist to guide everyone throughout the weekend. Please make the check, **one per camper**, payable Extension Racine County.

## ONE CAMPER PER FORM (PLEASE PRINT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade (2023-2024 School Year): \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Club: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Parent/Guardian (First and Last Name): \_\_\_\_\_

Does this youth require special accommodations or have food allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

<b>Please check one t-shirt size:</b>	<b>Youth Size</b>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>
	<b>Adult Size</b>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/> XXL <input type="checkbox"/>

**This registration form, health form, media release form and payment are due by Wednesday, May 29th, 2024.** Forms may be dropped off in person at the Racine County Extension Office (1072 Milwaukee Avenue, Burlington, WI 53105) on weekdays between 8:00 AM-12:00 PM or 12:30-4:30 PM by the stated date, placed in the green drop box in front of the office by the stated date, or postmarked via USPS mail by the stated date. Late forms are not able to be accepted and space is limited. Also, forms without payment will not be accepted until payment is made.

Are you interested in chaperoning this overnight program?  Yes  No

Chaperone Name: \_\_\_\_\_ I am a registered 4-H volunteer:  Yes  No

I have completed Supporting Youth Mental Health Training  Yes  No      T-Shirt Size: \_\_\_\_\_

**Sign to give permission for your child's image to be shared with campers, on social media or promotional materials.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I give my permission for this camper to participate in Base Camp on August 9<sup>th</sup>-11<sup>th</sup>, 2024.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

An EEO/AA employer, University of Wisconsin Extension provides equal opportunities in employment and programming, including Title IX and the Americans with Disabilities Act (ADA) requirements. Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please do so as early as possible prior to the program or activity so that proper arrangements can be made. Requests are kept confidential.

