



BLASTOFF WITH 4-H AEROSPACE CAMP

Information Page

Please retain this page for your records

Camp Date	July 13-July 17, 2009
Camp Time	8:00am- 5:00pm Early Drop/Late Pickup available for \$20 surcharge: 7:30-5:30
Camp Location	Martin Middle School
Camp Address	1601 Haskell St., Austin, TX 78702
Camp Age Range	9-13 year olds
Camp Fee	\$175.00- Scholarship Opportunities Available
Application/Registration Fee	\$10.00- must be accompanied by a complete application

Please fill out the entire application and return to **4-H CAPITAL BEFORE Tuesday, July 7, 2009**. If certain questions do not apply please enter "None" or "N/A".

PARENTS: Please remember sunscreen for your camper(s) in the morning, and for their health and safety encourage them to drink water and apply sunscreen throughout the day. Campers should wear closed toe-shoes and clothing suitable for outside recreational activities. 4-H CAPITAL will do our part by providing backup sunscreen to all group leaders and plenty of water at hand all day!

Contact Us: 4-H CAPITAL

- Phone: 512.854.3186
- Email: 4HCapital@ag.tamu.edu
- Fax: 512.854.9611 ● Web: www.4-hcapital.org

Note: No cancellation refunds will be possible after Friday, July 3, 2009.

Tax ID. For your records, our Tax ID # is 74-2718208.



Camp Registration & Application

Please email, mail or fax the following pages to 4-H CAPITAL, including:

- Application Page
- Code of Conduct
- Family Lunch RSVP
- Minor's Release and Health History
- Scholarship Essay as needed
- Pick-up/Emergency Contact/ Consent Form

Contact Information

Child's Name	
Date of Birth	
Parent/Guardian Name(s)	
Street Address & Apt #	
City State ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Payment and T-Shirt Size

I request early drop off and late pick up at \$20.00 surcharge (7:30-5:30) Yes No

Camp is \$175.00. I am mailing: check money order Amount: _____

Please make checks payable to: **4-H CAPITAL- Travis County**

Mail to:
4-H CAPITAL Aerospace Camp
1600B Smith Rd.
Austin, TX 78721

Camper t-shirt size:

Youth Large (size 14-16)

Adult Medium

Adult X-Large

Youth Medium (size 10-12)

Adult Small

Adult Large

Adult XXL

**By signing below I give permission for my child, _____,
to participate in the 2009 summer 4-H Aerospace Day Camp.**

Signature

Date



4-H Aerospace Camp Code of Conduct

Please review with your camper and have them sign!

As a camper at 4-H Aerospace Camp, I agree to:

1. Follow the Aerospace Camp rules and guidelines explained by my adult chaperones.
2. Respect adults, teen leaders, other campers and myself.
3. Dress appropriately for the weather and for our camp activities.
4. Be polite to other 4-H campers, teen leaders and adults at camp.
5. Be attentive to special guest camp speakers and presenters.
6. Keep my hands to myself and never use improper or abusive language toward others.
7. Arrive on time and be ready to go on time.
8. Leave my name tag each day and wear it at all times while at camp.
9. Stay with my group and keep my group wristband on all week!
10. Participate, stay active, learn something new, and **HAVE FUN!**

Repeated or extreme violations of camp rules will result in early dismissal from the camp.

Signatures

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



4-H Aerospace Camp Family Luncheon Invitation

Date: Friday, July 17, 2009

Time: 12:00 pm

Family members are invited to join Aerospace Campers for a Family Lunch! Our meal together will be followed by an awards presentation!

Lunch RSVP:

Camper name: _____

Parent/guardian name: _____

Yes, I will come to the Family Luncheon

_____ Family Meals (\$7.00 per person)- the camper's meal is included in camp cost

No, I will not be attending the Family Luncheon

Payment for the Family Luncheon can be delivered the week of camp or included in camp payment.

4-H Aerospace Camp

Minor Release

In consideration of the Travis County 4-H program's sponsorship of the below described program we the undersigned hereby consent and agree that it is satisfactory for our minor son or daughter, _____, date of birth ___/___/___; to participate in the Travis County 4-H program, Aerospace Camp, and we agree to hold harmless, release, waive, and covenant not to sue the Texas A&M University System, Travis County, the Travis County Extension Service, or any staff person(s), professional or volunteer, individually or collectively responsible for any liability for bodily injury or any other damage or loss sustained or suffered while our child or ward is a participant in, or traveling in, or traveling to and from, the above activity. I understand that the activities will include travel by bus, van, and/or automobile, to sites in the local areas of Austin and covers the period of July 13-17, 2009.

In the event that photographs, slides, or video tapes are made of said minor child, I/we consent to their release for use in promoting future 4-H summer programs and Travis County 4-H.

Yes No

The undersigned agrees that this release shall bind his or her personal representatives, assigns, heirs, and or next of kin. The undersigned further agrees that this release, waiver and covenant not to sue is intended to be broad and inclusive as permitted by law and that if any portion of this agreement is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect. The undersigned agrees that his or her child's participation is fully voluntary and optional.

In case of emergency illness or accident to the above named minor participant requiring immediate treatment or surgery while en route to and from this program, and while there as a participant, I authorize the Texas AgriLife Extension Service personnel, both professional and volunteer, serving as chaperon(s) to take such action as deemed appropriate to protect the health and safety of the participant. I authorize the physician or surgeon selected by the chaperon(s) to perform medical or surgical procedures necessary to preserve the life or well-being of the above named participant. I will provide health information as an aide to the chaperon(s) in dealing with the well-being of the above named participant.

Signature of Parent/Guardian _____ **Date** _____

Child's Name: _____ **Date of Birth:** _____



Health Release

Camper's Name: _____

Special Medical Information

Medicines (Please list all medicines the camper takes)	
Medicines that will be sent to camp (separate form required at camp check-in)	
Dietary Restrictions	
Special Note	We are not able to accommodate the special needs of all campers. If your child has a food allergy or does not eat particular types of food, please plan ahead and send lunch and snacks.

Other chronic health conditions (please check all that apply):

Asthma Diabetes Allergies/Hay Fever Heart defect/disease Seizures/convulsions
Bleeding/clotting disorder **Penicillin or other drug allergy** Please specify: _____

Insect Allergy (please specify)	
Food Allergy (please specify)	
Other Allergy (please specify)	
Other Health Condition	
Physical Limitations or Disabilities	
Recent operations, serious injuries, or chronic/recurring illness and approx. dates	

Physician Information

Name of Family Physician	
Phone Number	
Any other prescribing physicians and phone numbers	
All Immunizations Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Tetanus immunization: _____

4-H Aerospace Camp Scholarship Application

To be completed by a parent.

Child's Name _____ Phone (____) _____ Age ____ Grade Level ____

Name of School _____

Address _____ City _____ State ____ Zip _____

Essay-
*completed by
child*

Your Name:

**Favorite
School
Subject:**

Why do you want to be part of Aerospace Camp this year, and what do you want to learn? (25-100 words)

Scholarship Being Applied For:

(please check any choices that would be possible for your family)

\$50.00 \$75.00 \$100.00 Full Scholarship

Do you Participate in

- the reduced school lunch program? Yes No

- free school lunch program? Yes No

How many children live in your household? _____

Has your son / daughter been a part of 4-H programs in the past?

Yes No

If yes please list them here: _____

Please list any additional factors you would like 4-H CAPITAL to be aware of in considering your scholarship application.

Camper Signature: _____

Date: _____

Camper's Name: _____

Our Policy

It is the policy of 4-H CAPITAL Aerospace Camp to ONLY release campers to adults listed below. Please list any family member/friend that could possibly pick up your camper to avoid timely situations at pick-up time. If a situation arises and an adult on your list cannot make it, please call the front desk at the Extension office (854-9600) and have them notify camp staff of who specifically will be picking up your child.

I, or We, authorize 4-H CAPITAL- Travis County to release my child to the following person/people at the conclusion of the day's activities. The undersigned further states that he or she fully understands the contents of this document.

Name	
Work phone and cell phone	
Driver's license number	
Name	
Work phone and cell phone	
Driver's license number	
Name	
Work phone and cell phone	
Driver's license number	
Name	
Work phone and cell phone	
Driver's license number	

Emergency Contact

Name	
Work phone and cell phone	
Relationship	

Signature

Signature of Parent/Guardian	
Date	

E-signature agreement

By checking this box I acknowledge that my typed full name will serve as the equivalent to my written signature.

Submission

Please email applications to: 4HCapital@ag.tamu.edu
Please mail applications to: 4-H CAPITAL Aerospace Camp
1600B Smith Rd.
Austin, TX 78721