Spring Break Activities

Come to these educational classes!
The classes will be held at Poplar Grove from 9am—3pm.
Transportation from the Arboretum, if needed, departing @ 8:30am and returning @ 4pm.

Please pack a lunch!

- **Monday, April 6th:** ~ Sewing, ages 10 and up, $20
- **Tuesday, April 7th:** ~ Environmental Day, ages 10 and up, $15
- **Wednesday, April 8th:** ~ Junior Master Gardener Class, ages 5-10, $15
- **Thursday, April 9th:** ~ Livestock Day, ages 5-10, $15

For more information, please call Aimee Sloan, [4-H Youth Development Agent] @ 910.798.7669 or L. Danyce Dicks [4-H Secretary] @ 910.798.7662.

Employment and program opportunities are offered to all people regardless of race, color, national origin, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.
2009
4-H Spring Break Activities
Registration Form

New Hanover County 4-H will be offering the following 4-H Spring Break Activities this April. A **NON-REFUNDABLE** registration fee is charged for each camp to cover supplies and fees. Remember, camps fill up quickly, so register early! You are confirmed **ONLY** after you have paid for the class(es).

All campers must have all forms completed [medical release/photo release, 4-H enrollment and registration] before they can participate in any 4-H camp. Please make checks payable to **New Hanover County**. Please drop by the office or mail the **medical release form, registration form, 4-H enrollment/photo release/code of conduct form** and your check to:

**New Hanover County Cooperative Extension**
6206 Oleander Drive ~ Wilmington, NC 28403
ATTN: L. Danyce Dicks

Please check your choice of camp(s) you wish to attend. You will be registered when your money is received.

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<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Age</th>
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<tr>
<th>Check</th>
<th>Spring Break Activity</th>
<th>Date(s)</th>
<th>Cost</th>
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<tr>
<td></td>
<td>Sewing Camp</td>
<td>April 6</td>
<td>$20</td>
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<td></td>
<td>Environmental Day</td>
<td>April 7</td>
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<td></td>
<td>Junior Master Gardener Class</td>
<td>April 8</td>
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<td>Livestock Day</td>
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<td>TOTAL ENCLOSED</td>
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Are you providing your own transportation? _____Yes _____No

**PLEASE USE ONE FORM PER CHILD**
In case of an emergency, I understand that every effort will be made to contact the parents listed below. In the event that I cannot be reached, I hereby give permission to the physician selected by New Hanover County 4-H to make medical decisions during my absence.

I further understand that New Hanover County 4-H does not carry any type of insurance on participants in any of its day camp programs. I understand that I will be responsible for any medical bills that may be incurred while the child(ren) are at the 4-H Summer Day Camp Programs.

4-H’ers Name_____________________________________ (please print)

Medical Information
Known allergies to foods, drugs, insect stings or bites, etc:

_________________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:

_______________________________________________________

List special dietary needs: ________________________________________________________________________

Medications currently being taken (name of medication, dose, and frequency):______________________________

Authorization to Consent to Health Care for Minor
I, _______________________________________, of ________________________ County, am the custodial parent having legal custody of __________________________, a minor child, age ________, born ________________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the North Carolina State University and/or the New Hanover County 4-H Program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including , but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. This consent shall be effective for one year from the date of the execution.

Parent's/Guardian's signature _____________________________ Date:______________

Parent's/Guardian - please print name _____________________________

Participant's Signature: ____________________________________________ Date: __________________

Parent/Guardian telephone #'s: Home _______________________

Work _______________________

Cell _______________________

4-H 4-H 4-H 4-H 4-H 4-H 4-H 4-H 4-H 4-H 4-H