



Swannanoa 4H Camp Registration Form

170 Woodland Dr. Swannanoa, NC 28778 P:828-686-3196 Fax:828-686-7072 Email:swan4h@yahoo.com

Summer Camp 2009

Camper Information:

Please complete this form (print completely) and enclose the appropriate fee.

A non-refundable \$20 deposit MUST accompany this form to hold a spot.

Photocopy as necessary. Incomplete forms will be returned.

Registrations can be mailed (170 Woodland Dr. Swannanoa NC, 28778) or faxed (828-686-3196)

Camper's name: _____ New Camper? Yes No # of years attended Swan: _____
Age at time of session: _____ Birth date: _____ Grade in fall 2009: _____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____ County: _____

Emergency Information:

Parent/Guardian names: _____ Best way to be reached: _____
Day Phone: () _____ Evening phone: () _____ email: _____
Emergency contact if Parent/Guardian cannot be reached: MUST be different than Parent/Guardian
Name: _____ Relation to camper: _____ Best way to reach: _____

Program Registration:

Program Title _____

Date _____

Buddy Information:

Buddy Request: _____ This is my buddy's _____ year at camp

Media Release:

I do _____ or do NOT _____ give permission to North Carolina State University, through Swannanoa 4H Center, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): _____
Participant Signature: _____ Date: _____
If individual is under the age of 18, consent of the legal parent or guardian is needed.
Parent/Guardian name (please print): _____
Parent/Guardian signature: _____ Date: _____

Fees:

Program Fee: _____ Method of Payment: check # _____ Cash Enclosed: \$ _____

Optional Disclosure:

The following information is requested to assist us in determining how well North Carolina 4H is serving the local communities and for funding purposes. All information is optional and confidential and is NOT used to determine placements in camp programs. Please check all that apply:
____ American Indian or Alaskan Native ____ Asian or Pacific Islander ____ Black ____ Caucasian ____ Hispanic ____ Other

Office Use Only:

Date Received: _____ Date Entered: _____ \$\$\$ Enclosed: _____