

**Registration Form  
Camp Dig-A-Lot  
June 15, 2011  
Madison County 4-H Fairgrounds, Alexandria**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade (this past year) \_\_\_\_\_ Birth date \_\_\_\_\_

T-shirt size (circle one)?

Child Size: S    M    L    XL    or    Adult Size: S    M    L    XL

I request to be in the same group with: name(s) \_\_\_\_\_

My child requires special dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

**Adult authorized to pick up child:**

\_\_\_\_\_  
Print Name of adult to pick up child

\_\_\_\_\_  
Signature of parent or guardian authorizing this person to pick up child

*Note: This child will only be released to the adult designated on this form. The authorized adult must enter the building in order to sign out the child. NO EXCEPTIONS!!!*

**Photo Release:**

**I grant permission to Purdue University, its agents, and others working under its authority, to reproduce the photographs/video taken of the above program participant for the purpose of promotional, news, research, and/or educational purposes. I hereby release, discharge, and hold harmless the University and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/relationship to child

**Health Information (Required):**

List any activities the participant should avoid:

\_\_\_\_\_

<b>Physical Record of Participant</b>	<b>Yes</b>	<b>No</b>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear infections	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to any medication	<input type="checkbox"/>	<input type="checkbox"/>
List medications allergic to: _____		
Other allergies: _____		
Date of last tetanus shot: _____		
Any other medical information that would be beneficial during the program or in an emergency:		

\_\_\_\_\_



**Registration for the program and lunch:  
\$10.00 (make checks payable to Purdue CES Education Fund)**

**Send fee to:  
Madison County Extension Office  
Madison County Government Center, Room 303  
16 E. 9<sup>th</sup> Street  
Anderson, IN  
46016  
Registration is due by June 8, 2011.**

For office use only
Amount _____ Date _____
Cash _____ Check # _____

Contact John Orick, Extension Educator, Agriculture/Natural Resources, by phone at 765-641-9514 or by e-mail at [orick@purdue.edu](mailto:orick@purdue.edu) for questions. This information will only be used by Purdue Extension, Madison County.



*It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. If you require auxiliary aids and services due to a disability, please contact us at least 3 weeks prior to the event at 765-641-9514  
Ask for John Orick, Extension Educator*