

Lucas County 4-H Cloverbud Day Camp
"Things That go Buzzzzz!"
10:00am-2:00pm
Saturday June 10th 2017

Who can participate?
What is planned?

Any child who is age 5 and in Kindergarten through the second grade
Learn all about Pollinators! Ever wonder how flowers grow or why bees and other bugs love to be around flowers? Through hands-on activities we are going to learn all about Pollinators and things that go buzzzzz!

What is the cost?
How do I register?

\$10 per child (Checks made payable to OSU Extension-Lucas County)
Send payment information and registration form below to:
The Ohio State University Extension- Lucas County
One Government Center Suite 550
Toledo OH, 43604

Name: _____ Date of Birth: _____
Address: _____
City/Town: _____ Zip Code: _____
Phone: _____ Boy: _____ Girl: _____
T-Shirt Size: Youth Small _____ Youth Medium _____ Youth Large _____ Adult Small _____
Please List any food allergies: _____
Camp Buddy: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

I, (printed name) _____, am the parent or legal guardian of the 4-H participant.

I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION

Ohio State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may prefer not to permit such publicity. If this section is not completed, publicity about this child's participation will not be used by Ohio State University Extension.

[] I GIVE [] I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of materials.

Signature: _____ Date: _____



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