

Senior Camp 2025

Registration Due, May 12th

Registration fee—**TBD** and paid to Fergus/Petroleum 4-H

Mail or Deliver to the Fergus County Extension Office, 712 West Main, Suite 110, Lewistown, MT 59457

Scan and email to fergus4h@montana.edu

Name \_\_\_\_\_ Age on June 1, 2025 \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Email  
address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Land Line \_\_\_\_\_

Parents Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Land Line \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Health History \_\_\_\_\_

Meal Preferences \_\_\_\_\_

Yes  No I give permission for my child to be given Tylenol, Antacid or Benadryl.

I give permission, if needed, for \_\_\_\_\_ to be transported to the Emergency Room.

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

**Code of Conduct**

I will conduct myself in a positive, responsible, polite manner at all times. I will be respectful to others, the facilities and my surroundings. I will participate with a desire to learn. I will not associate with others that are behaving inappropriately. I will stay in the designated area unless I have permission from the camp organizers and my parents to leave. I will not go into the sleeping quarters of the opposite sex and I will be respectful of curfew/lights out.

No; alcohol, non-prescription drugs, weapons or inappropriate attire. I will report all prescription or over the counter drugs I bring to camp to the camp nurse.

I understand that breaking any of the above rules of conduct will result in my parents being called and asked to come and take me from camp immediately.

\_\_\_\_\_

\_\_\_\_\_

Members Signature

Parents Signature