



Russell Springs Youth Day Camp

Stars, Stripes, & Summer Nights

THURSDAY, MAY 29, 2025
9:00 AM - 3:00 PM

- *Come learn about local history at the Butterfield Trail Museum.
- *Explore the fun 4-H has to offer.
- *Games, Crafts, and Fun activities.

Lunch and snacks will be provided



WHO: Ages 5-11 years old

WHERE: Meet at the Logan County Courthouse at 8:15 am for provided transportation to Russell Springs. We will return to the Logan County Courthouse at 2:30 pm. If you are not using the provided transportation, please bring your child to the Russell Springs Community Building at 9:00 am

COST: \$10.00 Per Person - Make checks payable to Logan Co. 4-H Council

Registration Due By: Friday, May 23rd @ 4:30pm

[Register Here](#)

***Complete the back portion and return to the extension office by Friday, May 23rd along with \$10.00 payment.**

K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Program information may be available in languages other than English. Reasonable accommodations for persons with disabilities, including alternative means for communication (e.g., Braille, large print, audio tape, and American Sign Language) may be requested by contacting the event contact [insert name] two weeks prior to the start of the event [insert deadline date] at [insert phone number and email]. Requests received after this date will be honored when it is feasible to do so. Language access services, such as interpretation or translation of vital information will be provided free of charge to limited English proficient individuals upon request.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service
K-State Research and Extension is an equal opportunity provider and employer.

RUSSELL SPRINGS YOUTH DAY CAMP REGISTRATION

Name: _____ Age: _____ Gender: M / F Date of Birth: _____

Address: _____ City: _____

Parent 1: _____ Best Contact Number: _____

Parent 2: _____ Best Contact Number: _____

Other Emergency Contact _____ Contact Number: _____

Please tell us about any allergies, medical conditions or special needs that your child may have:

PUBLICITY RELEASE

I authorize K-State Research and Extension and Kansas 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension and/or Kansas 4-H Foundation.

☐ **No, I do not authorize use of my – or my child's – individual image or voice.**

EMERGENCY MEDICAL CARE

I, _____ (parent/guardian or adult participant) understand that, if a serious illness or injury develops in a participant, emergency medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that no insurance is provided and that I will be responsible for the cost of medical services.

I hereby release Rock Springs 4-H Center, the Kansas 4-H Foundation, local Extension Councils and Districts, Kansas State University, the State of Kansas, and their agents, officers and employees, from all claims, demands, and causes of action of any kind (up to and including death), including claims of negligence, that may arise from participation of me or my minor child in any Kansas 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities, including activities that involve horses, provided by the Rock Springs 4-H Center and being allowed to participate.

Parent/Guardian Signature: _____

USD #274 Transportation CONSENT & WAIVER FORM

The undersigned does hereby give permission for our (my) child to travel in a vehicle owned by Unified School District #274, Oakley, Logan County, Kansas. The undersigned acknowledges that the travel is not for a school sponsored event, but is for an event sponsored by a private group or entity.

The undersigned acknowledges that there will be no Personal Injury Protection benefits (PIP) available under the insurance policy of Unified School District #274, Oakley, Logan County, Kansas, covering the vehicle in which my child will be traveling..

In consideration of Unified School District 274, Oakley, Logan County, Kansas, granting permission for my child to travel in a vehicle owned by Unified School District 274, Oakley, Logan County, Kansas, I hereby waive all claims for damage or loss for expenses which would be covered by Personal Injury Protection (PIP) benefits, for other personal injuries, and for loss to personal property which may be caused by any act, or failure to act, or any other incident arising out of the travel in the vehicle owned by Unified School District 274, Oakley, Logan County, Kansas. I assume the risk associated with this travel and waive any and all specific notice which may be required by law.

Signature of Parent or Guardian

Date