Russell Springs Youth Day Camp
"Bees are all the buzz"

Friday, June 30th, 2023
9:00am-3:00pm

*Come learn about local history at the Butterfield Trail Museum.
*Explore the fun 4-H has to offer.

Who: Grades K-4 (current grades)

Where: Meet at the Logan County Court House at 8:15 am for provided transportation to Russell Springs. We will return to the Logan County Court House at 4:00 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

*Complete the bottom portion and the forms attached and return to the Extension Office by Monday, June 26th along with $10.00 payment.

Golden Prairie Extension District

Oakley: (785) 671-3245  Gove: (785) 673-4805  WaKeeney: (785) 743-6361
710 W 2nd St., Oakley  230 Main St., Grainfield  216 Main St., WaKeeney

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