



_____ Reg Fee _____ Check #
_____ Health Form
OFFICE USE ONLY

**DUE: MAY 1, 2023**  
**ONE APPLICATION PER CAMPER**

## HARFORD COUNTY CLOVER 4-H CAMP APPLICATION FORM

NAME \_\_\_\_\_

MALE / FEMALE (circle one)

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ARE YOU A 4-H MEMBER? \_\_\_\_\_

NAME OF 4-H CLUB \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

<b>Ethnicity:</b>
__ Hispanic/Latino
<b>Race (may choose more than one):</b>
__ Asian
__ Black or African American
__ Native Hawaiian or other Pacific Islander
__ American Indian or Alaskan Native
__ White

CAMP T-SHIRT INCLUDED WITH FEE    Size (**circle one**): Youth Small, Youth Medium, Youth Large, Youth X-Large

### HARFORD COUNTY 4-H CLOVER CAMP

**WHEN:**                    July 10-12, 2023

**WHERE:**                 Harford County 4-H Camp at the Rocks  
 Cherry Hill Road in Street, MD

**WHO:**                    Campers are youth ages 5-7 as of January 1, 2023

**COST:**                    4-H members enrolled by May 1 are \$185.00; non 4-H members are \$210.00. All fees due in full by May 1, 2023.

**REFUNDS:**             No refunds after May 1, 2023

**SCHOLARSHIPS:** Call the 4-H Office at (410) 638-3255 for an application before May 1.



\* PLEASE COMPLETE BOTH SIDES \*

Release of Liability:

I, the undersigned, in consideration of my child's participation in Harford County 4-H Clover Camp being conducted from July 10-12, 2023 do hereby release, discharge and forever hold harmless, the University of Maryland Extension, University of Maryland System, all its employees thereof in connection with aforementioned program, from any and all claims, demands, actions, liability, or suits at law or in equity, for personal injury, whether physical or mental, property damage, medical, dental, or hospital expenses or any other expenses of whatever kind, including death which may have had, now have, or may hereafter have, in any manner connected with, arising from or growing out of my participation in said program.

I, the undersigned, acknowledge that I sign this Release knowingly and intelligently and with full and complete knowledge of the purpose of said program and without any form of duress and/or intimidation whatsoever on the part of the University of Maryland Extension, University of Maryland System.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Photograph Release:

I, the undersigned, give permission to the University of Maryland Extension to use and publish my photograph for educational and promotional purposes without compensation.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Campers and counselors are not allowed to leave the campgrounds during the Clover camp sessions (only in emergencies). There will be no adult or youth visitors during camp without previous permission from the Harford County 4-H Office. UME Trained Volunteers and Counselors will be on the premises at all times with Staff from the 4-H Extension Office.

## PAYMENT

\_\_\_\_\_ \$185 for **4-H Clover Member** Camp registration fee received by May 1 (The Extension Office will verify eligibility.)

\_\_\_\_\_ \$210 for **Non 4-H Clover Member** Camp registration fee received by May 1

\_\_\_\_\_ TOTAL AMOUNT ENCLOSED

Make checks payable to "HCEAC" and mail to:  
(Harford County Extension Advisory Council)

University of Maryland Extension  
Harford County 4-H Office  
3525 Conowingo Road, Suite 600  
Street, Maryland 21154



*University programs, activities, and facilities are available to all without regard to race, color, sex, gender identity and expression, sexual orientation, marital status, age, national origin, political affiliation, physical or mental disability, religion, protected veteran status, genetic information, personal appearance, or any other legally protected class.*

*If you have a disability that requires special assistance for your participation in camp, please contact the University of Maryland Extension, Harford County Office at (410) 638-3255 by June 10..*