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OFFICE USE ONLY



DUE: MAY 1, 2024 ONE APPLICATION PER CAMPER

HARFORD COUNTY 4-H CAMP APPLICATION FORM

NAME		MALE / FEMALE (circle one)	
ADDRESS			
		Ethnicity: Hispanic/Latino	
HOME PHONE	BIRTHDATE	Race (may choose more than one): Asian	
EMAIL		Black or African American	
PARENT/GUARDIAN N	IAME	Native Hawaiian or other Pacific Islander	
ARE YOU A 4-H MEME	BER?	American Indian or Alaskan Native White	
IF YES, NAME OF 4-H	CLUB		
WHAT GRADE IN SCH	OOL WILL YOU BE COMPLETING IN JUNE?		
CAMP T-SHIRT INCLUDED IN REGISTRATION Size (circle one): Child L, Adult S, M, L, XL			
HARFORD COUNTY 4-		NIVERSITY OF	
WHEN:	June 17-21, 2024	EXTENSION	
WHERE:	ROCKS 4-H CAMP CHERRY HILL RD IN STREET, MD		
WHO:	CAMPERS ARE YOUTH AGES 5-13 as of January 1, 2024		
COST & DEADLINES:	& DEADLINES: 4-H MEMBERS ENROLLED BY MAY 1 ARE \$400 FOR RESIDENTIAL CAMP, \$300 FOR		
	DAY CAMP ONLY. NON 4-H MEMBERS ARE \$450 FOR RESIDENTIAL CAMP, \$350 FOR DAY CAMP.		
REFUNDS:	NO REFUNDS AFTER MAY 1, 2024 CALL THE 4-H OFFICE AT (410) 638-3255 FOR AN APPLICATION BEFORE MAY 1.		
SCHOLARSHIPS:			

Campers and counselors are not allowed to leave the campgrounds during the week (only in emergencies). There will be no adult or youth visitors during camp without previous permission from the Harford County 4-H Office.

* PLEASE COMPLETE BOTH SIDES *

PAYMENT

\$400.00 for **4-H Member** Camp Registration fee received by May 1 (The Extension Office will verify eligibility.)

\$450.00 for Non 4-H Member Camp Registration fee received by May 1

\$300.00 for 4-H DAY ONLY(includes breakfast and lunch) /\$350 for NON 4-H DAY CAMP

Make checks payable to: "**HCEAC**" (Harford County Extension Advisory Council) Mail to: 4-H Office, 3525 Conowingo Road, Suite 600, Street, MD 21154

Camp theme, details on arrival time, what to bring, etc. will be mailed after June 1, 2024.

I, the undersigned, in consideration of my child's participation in Harford County 4-H Camp being conducted from June 17-21, 2024. I 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 I 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.

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 _____

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 need special assistance to participate in camp, please contact the 4-H Office, at (410) 638-3255 by June 1.