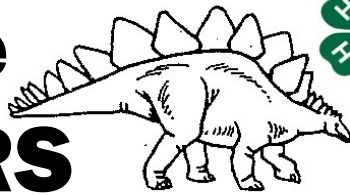


Dig Those DINOSAURS



IOWA STATE UNIVERSITY
Extension and Outreach

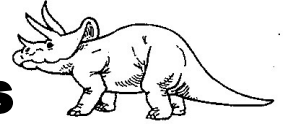
Black Hawk County Extension
For more information call: 319-234-6811
extension.iastate.edu/blackhawk



Current Grade as of May 2019

All Day Camps are from 9:00am to 3:00pm

4-H Day Camp for K-2nd Graders



Tuesday, **June 11th**

Monday, **June 17th**

Tuesday, **June 25th**

Tuesday, **July 9th**

Cedar Valley Arboretum

Dick Young Greenhouse

Cedar Valley Arboretum

Elk Run Community Center

1927 E Orange Rd, Waterloo

1505 Logan Ave., Waterloo

1927 E Orange Rd, Waterloo

5042 Lafayette Rd., Elk Run Heights



The Dinosaur Science Camp involves traveling back millions of years ago to the days when dinosaurs roamed the earth. We explore fossils that were left behind, learn about paleontologists, and dig up some dinosaur bones.

Parents -- All activities are carried out in a safe and clean environment! Please wear appropriate clothing!

Bring a sack lunch. Beverages and snacks will be provided.

___ Tues. **June 11th** (Arboretum) ___ Mon. **June 17th** (Dick Young) ___ Tues. **June 25th** (Arboretum) ___ Tues. **July 9th** (Elk Run)

"Dig Those Dinosaurs" K - 2nd REGISTRATION

Name: _____

Grade: _____ Gender: _____

Parents's Name: _____

Address: _____

City: _____

Home Phone: _____

Work Phone: _____

Parent Signature: _____

Race/Ethnicity (circle one) White Black Hispanic
Asian American Indian/Alaskan

Where you live (circle one) Farm Acreage Town

Cost: \$15.00 (non-refundable) **Limit of 20 kids**

Complete the **front and back** and mail with fee
a week before camp date.

Payable to:

Black Hawk County Extension
3420 University Ave., Suite B
Waterloo, IA 50701



The fees for service will be used to off-set direct expenses and to support
the 4-H Youth Development County Extension Program.

EMERGENCY MEDICAL INFORMATION

Emergency Contact Name: _____

Relation to Participant: _____

Daytime Phone: _____

Cell Phone: _____

E-mail: _____

Second Contact: _____

Relation to Participant: _____

Daytime Phone: _____

Cell Phone: _____

E-mail: _____

Name of Family Doctor: _____

Doctor Office Number: _____

Name of Dentist: _____

Dentist Office Number : _____

Please list any allergies or conditions your child has:

Medication Needed _____

Over Please

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. Direct inquiries to the Diversity Advisor, 515-294-1482, extdiversity@iastate.edu.



We can't wait to see you at the 4-H Day Camp!



Cancellations must be received 5 business days before camp date in order to receive reimbursement of registration fees.

Bring a sack lunch. Beverages and snacks will be provided.



INSURANCE POLICY INFORMATION

The named camper is covered by health insurance:
(Circle one) Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/ University Extension/4-H does not carry any health insurance for you. _____

** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Insurance Company Name

I understand that my child must be healthy in order to safely participate in 4-H recreation activities, and that I will inform the program leader of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section for any reason, contact the County Extension office for a participation waiver.)

_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION During this program, the Iowa State University Extension 4-H Program may take photographs, video, and/or tape recording of your child participating in the program. Initialing below gives us permission to use media of your child in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader.

_____ initial _____ date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY

(Please read carefully.) I give permission for my child, (listed on the front page), to participate in the 4-H program. I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

_____ Parent Signature

_____ date

This is not a Cedar Falls Community School District publication, nor is it in any way endorsed or sponsored by the district. This publication is being provided only to inform you of other available community activities and opportunities.