



UOG CNAS CE&O 4-H Summer Enrichment
 303 University Dr. Mangilao, Gu 96932
 Phone: (671) 735-2040



Name of Child: (Please Print or Type)

Last Name First Name MI DOB

Name of Parent or Guardian: _____

Contact Number: _____ Email: _____

Please Indicate Appropriate Enrollment Sections

_____ **4-H Metgot Workshop**
 June 3-14, 2019 (8am-12pm) \$170

_____ **STEM**
 June 3-7, 2019 (1pm-5pm) \$85

_____ **Entomology**
 June 17-21, 2019 (8am-12pm) \$85

_____ **Art Studio**
 June 10-14, 2019 (1pm-5pm) \$85

_____ **What's on Your Plate**
 June 17-21, 2019 (1pm-5pm) \$85

Fisheries Workshops:

_____ **Youth Fisheries:** June 24- July 05, 2019 (8am-4pm) 7-10 years old \$200

_____ **Junior High:** July 8-26, 2019 (8am-4pm) 11-13 years old \$300

_____ **Career Path in Marine:** July 29-August 9, 2018 (8am-4pm) 14-18 years old Free (*Seats are Limited*)

Account

Total Amount Due:	
Amount Paid:	
Balance Due:	

Payment Amount Receipt #

Cash:	
Check:	
Other:	

Amount Received By: _____ Date: _____

Comments/Notes: _____

Please return this form to the 4-H & Youth Development Unit at the College of Agriculture Building, room 111, University of Guam. Fees are payable by cash or check only and is non refundable.

**Health Information: List any physical conditions mentors should be aware of :
(i.e., asthma, allergies, medications, etc.)**

Physician/Clinic: _____ **Phone No.:** _____

In case of emergency, contact (other than Parent or Guardian):

Name: _____ Contact Number (s): _____

Name: _____ Contact Number (s): _____

Authorized to Pick-up (other than Parent or Guardian):

Name: _____ Contact Number (s): _____

Name: _____ Contact Number (s): _____

Statement of Responsibility, Release and Authorization

By signing below, I acknowledge the camp participant listed above is enrolled in the 4-H Summer Camp at the University of Guam ("University"), I voluntarily register my child in the UOG 4-H Summer Camp on the indicated dates above. My child's participant in this Program is voluntary. In consideration of being allowed to participate in this Program, I hereby state and agree to the following:

1. By my signature below, I release and absolve the University of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses my child may incur as a result of participating in the program.
2. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, agree to indemnify, defend and hold harmless the University and the Program and their employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney's fees, that they or any of them incur or sustain as a result of any claims, demands, action, damages, judgements, costs or expenses, including attorney's fees, which arise out of, occur during or are in any way connected with in the Program.
3. I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this agreement.

I authorize the camp director(s) to act for me in any emergency requiring medical attention. I understand that I am responsible for all hospital, laboratory and doctor's fees. My child is physically fit to participate in vigorous activities. I further understand that neither the University of Guam nor anyone associated with the UOG 4-H Summer Camp will be held responsible for any accident or illness. I also grant permission to use any photos, videos, and the like for future promotions of this camp.

Signature of Parent or Guardian: _____ **Date:** _____

Issued in furtherance of the Cooperative Extension Works Acts of May 8 and June 30, 1914 in cooperation with the United States Department of Agriculture (USDA). Dr. Lee S. Yudin, Dean and Director, Guam Cooperative Extension, University of Guam, UOG Station, Mangilao, GU