UNIVERSITY OF GUAM
COOPERATIVE EXTENSION & OUTREACH

CNAS 4-H Youth Development
Phone: (671) 735-2040
Registration Form

Name of Child: (Please Print or Type)

_____   _____   _____

Last Name   First Name   MI   DOB

Name of Parent or Guardian: _____

Contact Number(s): _____   Email: _____

Please Indicate appropriate Enrollment Sections

_____ **Kids Kitchen Cooking Camp (K2C2)** $100
UOG College of Natural and Applied Science
December 19 - 23, 2022 (8 am-12 pm)
Age: 10-14 years old

_____ **Creative Me (Arts & Craft)** $100
UOG College of Natural and Applied Science
December 19 – 23, 2022(1 pm-5 pm)
Age: 10-14 years old

_____ **In-genius** $100
UOG College of Natural and Applied Science
December 26 – 29, 2022 (8 am-12 pm)
Age: 6-9 years old

_____ **In-genius** $100
UOG College of Natural and Applied Science
December 26 – 29, 2022 (1 pm-5 pm)
Age: 10-14 years old

Official Use Only:

Account	
Total Amount Due:	
Amount Paid:	
Balance Due:	

Payment Amount		Receipt #
Cash:		
Check:		
Other:		

Amount Received By: _____   **Date:** _____

Comments/Notes: Note a 25% deposit is required to secure your child's slots (Non-Refundable).

_____

_____

_____

Please return this form to the 4-H & Youth Development Unit at the College of Agriculture Building, Room 111, University of Guam. Fees are non-refundable.

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

_____

Statement of Responsibility, Release and Authorization

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

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

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

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

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

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 Enrichment Program 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 representative, agree to indemnify, defend and hold harmless the University and the Program and their employees, agents, officer's, 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 of expenses, including attorney's fees, which may arise or occur during or are in any way connected with 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 a vigorous activity. I further understand that neither the University of Guam nor anyone associated with the UOG 4-H Summer Enrichment Program 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 program.

Signature of Parent or Guardian: _____   Date: _____