

**Registration / Health / Permission Form**  
**2008 4-H Teen Energizer Weekend**  
May 16-17, 2008, Camp Canonicus, Exeter RI

**Participant Information:**

Name \_\_\_\_\_ Male Female

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_  
(13 years of age as of 1/1/08)

Any Allergies (Food or Other) or other special circumstances:

\_\_\_\_\_

**Parent/Guardian Information:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

If parent/guardian cannot be reached, please contact:

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in the 2008 4-H Teen Energizer Weekend, May 16-17, 2008, at Camp Canonicus, Exeter RI. I acknowledge that the 4-HTEW Planning Committee, Cooperative Extension Staff and the University of Rhode Island will not be held responsible for any damage or injury to persons or property. In a medical emergency, I give permission for treatment.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**\*\*\* THE HEALTH FORM ON THE BACK MUST BE COMPLETED \*\*\***

<b>ILLNESS</b>	<b>Year</b>	<b>PARTICIPANT SUBJECT TO:</b>	
Asthma	_____	Asthma	_____
Chicken Pox	_____	Bronchitis	_____
Diabetes	_____	Colds	_____
German Measles	_____	Convulsions	_____
Heart Trouble	_____	Epilepsy	_____
Kidney Trouble	_____	Fainting	_____
Measles	_____	Allergies	_____
Mumps	_____	Headaches	_____
Tuberculosis	_____	Sinus Infections	_____
Other:	_____	Sleep Walking	_____
_____	_____	Sore Throats	_____
		Stomach Upsets	_____
<b>IMMUNIZATION</b>	<b>Year</b>		
Diphtheria	_____	List and describe any	
Polio	_____	operations or serious	
Small Pox	_____	illness:	
Tetanus Toxoid	_____	_____	
Typhoid Fever	_____	_____	
Whooping Cough	_____	_____	
			Family Health Insurance
			Provider and Policy #
			_____
			_____
			_____
<b>ALLERGIC REACTIONS:</b>		Is participant currently on	
Aspirin	_____	medication or receiving	
Bee Stings	_____	treatment? ___ Yes___ No	
Penicillin	_____	If yes, please describe:	
Foods (specify):	_____	_____	
_____	_____	_____	
Other (specify):	_____	_____	
_____	_____	_____	

Has the participant been exposed to a contagious disease within the past 3 weeks? \_\_\_ Yes\_\_\_ No  
If yes, what and where:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any physical or behavior limitations that might interfere with program participation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Health Insurance Provider and Policy #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission to list my name, telephone #, and email on a list to be given to all participants  
\_\_\_ Yes\_\_\_ No

**Photographic, Video, Audio and Web Site Consent and Release:**

I do hereby consent that the University of RI and the staff/volunteers at the 4-H Teen Energizer Weekend have the right to take photographs or record video or audio of me (and/or my property) and use these for educational or promotional materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the 4-H Teen Energizer Weekend staff and volunteers all rights to exhibit this work publicly or privately, including posting it on the 4-H web site. I waive all rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio, and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I have read and understand the foregoing statement and am competent to execute this agreement.

Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_