



Day Camp at Columbia County Fair

Friday, July 22nd 2011

Ages 7-11

8:30-3:30



Experience the fair for the first time being joined by 4-H, Boy Scouts, FFA, and Girl Scouts!!!

There will be 6 fun learning workshops including: making a bird feeder, learning about nutrition, making first aid kits, learning how to shoot a bb gun, learning about poultry, rabbit, and cattle care, and we will be having veggie races!!

A t-shirt, light breakfast, lunch, and an afternoon snack will be provided!

Each child will also get a goody bag filled with donations from local businesses!

Cost: 15.00

Please contact Karen Camilleri @608-697-3814

More information and registration forms at

www.columbiacofair.com

****Registration deadline- July 1. 2011****

Columbia County "Day Camp at the Fair" Health Form

GENERAL INFORMATION

Name _____ Date of birth _____

Age _____ Gender (circle one): Male Female

Address _____ Grade completed _____

City _____ State _____ Zip _____ Phone No. _____

Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (on back). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Condition

Explain

____ Yes ____ No Asthma

____ Yes ____ No Diabetes

____ Yes ____ No Hypertension (high blood pressure)

____ Yes ____ No Heart disease (i.e., CHF, CAD, MI)

____ Yes ____ No Stroke/TIA

____ Yes ____ No COPD

____ Yes ____ No Ear/sinus problems

____ Yes ____ No Muscular/skeletal condition

____ Yes ____ No Menstrual problems (women only)

____ Yes ____ No Psychiatric/psychological and
emotional difficulties

____ Yes ____ No Learning disorders (i.e., ADHD, ADD)

____ Yes ____ No Bleeding disorders

____ Yes ____ No Fainting spells

____ Yes ____ No Thyroid disease

____ Yes ____ No Kidney disease

____ Yes ____ No Sickle cell disease

____ Yes ____ No Seizures

____ Yes ____ No Sleep disorders (i.e., sleep apnea)

Yes No GI problems (i. e., abdominal, digestive) _____

Yes No Surgery _____

 Yes No Serious injury _____

 Yes No Other _____

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____

Medication _____

Strength _ _____ Frequency _____

Strength _ _____ Frequency _____

Approximate date started _____

Approximate date started _____

Reason for medication_ _____

Reason for medication_ _____

Distribution approved by:

Distribution approved

by:

_____/_____

_____/_____

Parent signature MD/DO, NP, or PA Signature

Parent signature MD/DO, NP, or PA Signature

Temporary Permanent

Temporary Permanent

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant' s name _____

Participant' s signature _____

Parent/guardian' s signature _____ Date _____

Columbia County "Day Camp at the Fair" Registration Form
July 22, 2011
Check In Time 8:30-9am
Meet in the back of the fair office where they play bingo.

Name _____

Address _____

Date of birth _____ Age _____

____Male ____Female

T-Shirt

Size (adult) _____

Emergency Contact

Name _____

Address _____

Relationship _____

Home phone _____ Business phone _____

Cell phone _____

Alternate contact

Alternate's phone _____

Talent Release Form

I hereby assign and grant to the Columbia County Fair Association the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Columbia County Fair Association and I hereby release the Columbia County Fair Association from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Columbia County Fair Association, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit

and/or eliminate the opportunity for participation in any event or activity.

Participant' s name _____

Participant' s signature _____

Parent/guardian' s signature _____

the age of 18)

(if under

Date _____

**Mail (with medical form) by July 1, 2011 to: Karen Camilleri
2925 Red Fox Run Apt. 109
Portage, WI 5390**