



ATCHISON COUNTY 4-H DAY CAMP
 FRIDAY, JUNE 15, 2018
 1:00 P.M. TO 3:00 P.M.
 ATCHISON BOYS & GIRLS CLUB
 1215 ASH STREET, ATCHISON

NAME _____ AGE _____

ADDRESS _____

PARENT'S NAME _____ DAYTIME PHONE _____

ADDRESS _____ CELL PHONE _____

ANY ALLERGIES, HEALTH PROBLEMS, DIETARY REGULATIONS, ETC.

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT:

NAME	ADDRESS	PHONE
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FAMILY DOCTOR:

NAME	ADDRESS	PHONE
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TRANSPORTATION ARRANGEMENT: _____ will
 pick up the day camper. They may be reached at _____
 PHONE _____

I give my child permission to attend the Atchison County 4-H Day camp. I understand that adult supervisors will not be responsible for accidental injuries or illnesses.

 Parent/Guardian Signature

 Date

Return by June 4 to:
Atchison County Extension Office
PO Box 109
Effingham, KS 66023

All educational programs and materials available without discrimination on the basis of race, color, religion, national origin, sex, age, or disability.

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