



Farm Safety Day Camp

Wednesday, June 6, 2018
McPherson 4-H Fair Grounds
Ages 7-12 years
8:30-8:45 Sign In at 4-H Building
8:45-2:45 Day Camp
2:45-3:00 Leave for Home

Coordinated by:

McPherson County Farm Bureau Association, McPherson County 4-H Junior Leaders and Mid Kansas Coop in cooperation with K-State Research and Extension-McPherson County

Topics to be covered - subject to change

Farm Safety PTO & Hydraulic Pesticide Safety
Electrical Safety Fire & Emergency Drone Demo Livestock Handling

Mock Rescue - Accident Demonstration

Come and join us for a fun-filled day of learning and hands on experience.
Each participant will receive a free t-shirt, free lunch and refreshments throughout the day!

Sign up soon..Limited to the first 80 kids to register.

Return completed registration form to:
McPherson County Extension Office, 600 West Woodside, McPherson, KS 67460
For information call 620-241-1523

DEADLINE: Friday, May 25

Please Print Legibly – Complete one form for each child participating.

NAME _____ SEX: M F AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT /GUARDIAN NAME _____

HOME PHONE () _____ WORK PHONE () _____ CELLULAR () _____

EMERGENCY CONTACT FOR DAY OF CAMP _____ PHONE () _____

FAMILY PHYSICIAN _____ MY CHILD IS ALLERGIC TO: _____

MY CHILD HAS THE FOLLOWING SPECIAL NEEDS: _____

T-Shirt size **Child Size** (circle one) M L
T-Shirt size **Adult Size** (circle one) S M L XL XXL

>>>My child would like to be "Buddy Grouped" with: _____
(one name only)

Consent form on back side MUST be completed for your child to attend the Farm Safety Day Camp.



Kansas State University Agricultural Experiment Station and Cooperative Extension Service.
K-State, County Extension Councils, Extension Districts, and U.S. Department of Agriculture Cooperating.
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Extension Districts, and U.S. Department of Agriculture Cooperating.
K-State Research and Extension is an equal opportunity provider and employer.

CAMPER PICK-UP RELEASE INFORMATION

Please list below individuals who have your permission to pick up your child at the end of the Farm Safety Day Camp. Your child will be released **ONLY** to those individuals. Include family members, other camper parents or leaders.

NAME

1. _____
2. _____
3. _____
4. _____

RELEASE AND CONSENT FORM

I understand that:

- 1) One of the purposes of the Farm Safety Day Camp is to teach the safe use of equipment. Actual demonstrations of the equipment involving participants will be closely supervised by the camp instructors and counselors. However, I acknowledge that there is the possibility of accidents. I release the coordinators, instructors, volunteers and sponsors for all claims, in the event of injury to my child so long as due care has been exercised by these parties.
- 2) First aid will be available at the camp and medical and/or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs, I will be notified. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommend by the attending physician.
- 3) I consent to representatives of the Farm Safety Day Camp taking photographs or videotapes of my child at camp and the use of these images in publications and promotional media for the camp.

I have read and understand the above information.

Parent/ Guardian Signature _____ Date _____