

# 2025 4-H Summer Enrichment Camps Registration

CHILD'S INFORMATION			
First and Last Name (Please p	print clearly):		
Age:			
PARENT/GUARDIAN'S INFO	DRMATION		
Name (Please print clearly):_			
Mailing Address:			
Phone Number:	Email:		
PICK-UP AUTHORIZATION			
Other than the parent/guardi	an listed above, please indicate any in	dividuals who are authorized to pio	ck up your child
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
-			
Phone Number:			
Emergency Contact #1 (oth	er than parent/guardian):		
Name:	Relationship:	Phone:	
Emergency Contact #2 (oth	er than parent/guardian):		
Name:	Relationship:	Phone:	
Emergency Contact #3 (oth	er than parent/guardian):		
Name:	Relationship:	Phone:	

**CAMP SELECTION** Please select the camps you would like to enroll your child in: IMPORTANT NOTE: Space is on a first-come first-paid basis so early form submission and prompt payment is encouraged. Your registration is not confirmed until your payment has been acknowledged by 4-H sta f.

#### **AGES 6-10**

# CRIME SCENE

Dates: June 2-6, 2025 Time: 8 a.m. - Noon Registration Fee: \$100

#### IMAGINATION ART EXPLORERS

Registration Fee: \$100 Dates: June 2-6, 2025 Time: 1 p.m. - 5 p.m.

Dates: July 7-11, 2025 Time: 8 a.m. - Noon

Dates: July 14-18, 2025 Time: 8 a.m. - Noon

## MISSION: MOVE!

Dates: June 9-13, 2025 Time: 8 a.m - Noon Registration Fee: \$100

#### SEW, STITCH & FUN IN THE KITCHEN

Dates: June 9-13, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

#### KIDS IN THE KITCHEN: FOOD DRYING

Registration Fee: \$100 Dates: June 30 - July 3, 2025 (No camp on July 4) Time: 8 a.m. - Noon

Dates: July 14-18, 2025 Time: 8 a.m. - Noon

#### **CRAZY CHEMISTRY**

Registration Fee: \$100 Dates: June 30 - July 3, 2025 Time: 1 p.m. - 5 p.m.

Dates: July 7-11, 2025 Time: 1 p.m. - 5 p.m.

Dates: July 14-18, 2025 Time: 1 p.m. - 5 p.m.

### SMART SNACKS LAB EXPLORERS

Dates: July 14-18, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

### **MICRO:BIT ADVENTURES**

Dates: July 7-11, 2025 Time: 8 a.m. - Noon Registration Fee: \$100

#### MINI MATH EXPLORERS: DISCOVER & PLAY

Dates: July 7-11, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

### AGES 10-14

#### ☐ JUNIOR FISHERIES: GROWING UP FISHERY FRIENDLY

Dates: July 22 - Aug. 1, 2025 (No camp on Liberation Day, July 21) Time: 8 a.m. - 4 p.m. Registration Fee: \$200

#### AGES 11-14 LEVEL UP GAMEDEV WITH MAKECODE ARCADE

Dates: June 2-6, 2025 Time: 8 a.m. - Noon Registration Fee: \$100

## THINK LIKE A MATHEMATICIAN

Dates: June 2-6, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

## FINANCIAL LITERACY

Dates: June 9-13, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

### REPIYER REMOSUWE: WISDOM OF OUR ANCESTORS

Dates: June 16-20, 2025 Time: 8 a.m. - 5 p.m. Registration Fee: \$150

Dates: July 7-11, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

#### **SUSTAINABLE AGRICULTURE** FOR THE NEXT GENERATION

Dates: June 30 - July 3, 2025 Time: 8 a.m. - Noon Registration Fee: \$100

# INSECTS: THE GOOD, THE BAD, AND THE UGLY!

Registration Fee: \$100 Dates: June 30 - July 3, 2025 Time: 8 a.m. - Noon

Dates: July 7-11, 2025 Time: 8 a.m. - Noon

## **CRIME SCENE INVESTIGATION**

Dates: June 30 - July 3, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

## BEATS AND BYTES WITH PYTHON

Dates: July 14-18, 2025 Time: 8 a.m. - Noon Registration Fee: \$100

#### EXPLORING THE ART OF MATH

Dates: July 14-18, 2025 Time: 1 p.m. - 5 p.m. Registration Fee: \$100

#### MICRO:BIT MASTERS: CODE THE REAL WORLD

Dates: June 9-13, 2025 Time: 8 a.m. - Noon Registration Fee: \$100

#### AGES 15-18

#### REEF FUTURES: GUAM HIGH SCHOOL FISHERY PATHWAYS

Dates: June 23 - July 3 (No camp on July 4) Time: 8 a.m. - 4 p.m. Registration Fee: \$200

#### PAYMENT

Please select your preferred form of payment below:

- In person: Bring cash or check to Room 111 of the UOG Agriculture & Life Sciences Bldg. along with this completed registration form.
- Online: If you prefer to pay online, please submit your application form to 4Hcamp@triton.uog.edu, and we will send you a link to pay online if space is still available for your selected camp(s).

For assistance or any questions, please call (671) 735-2040/2003 or email 4Hcamp@triton.uog.edu.

#### STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION TO PARTICIPATE

By signing below, I acknowledge the camp participant listed above is enrolled in the 4-H Summer Enrichment Program ("Program") at the University of Guam ("University"). I voluntarily register my child in the Program on the indicated dates above. My child's participation 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 arise out of, occur during or are in any way connected with the Program.
- 3. 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 in vigorous activities. I further understand that neither the University nor anyone associated with the Program will be held responsible for any accident or illness.
- 4. I hereby give permission to the University and the Program to post my child's/children's class writing, art, other text and pictures/videos taken during their time of enrollment.
- 5. I hereby consent to the use of any video, photograph, or audio recording of my child and the use of his or her name in connection with these photos and recordings, reproduced either in whole or in part by the University and the Program for use in any materials, including advertisement, publicity, or any other purpose on behalf of the University.
- 6. I hereby grant to the University the absolute and irrevocable right and permission to use, re-use, publish, and re-publish, and otherwise reproduce, modify, and display, in whole or in part, individually or in conjunction with other information, and in conjunction with any copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising, and trade, news, informational and educational purposes and to copyright the same, in its own name or otherwise and assign my rights throughout the world in the following information related to my child/children.
- 7. I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this agreement.

I warrant that I have the full right and authority to grant this consent. In addition, I waive all claims to compensation or damages based on the use of my child's/children's image or voice, or both, by the University, I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I understand that I will receive no remuneration or consideration for use of my child's/children's image, voice or both. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

re of Parent/Guardian:	Date:	_
FOR OFFICIAL USE ONLY	Payment Format:	Receipt Number:
	Cash	
Total Amount Due:	Check	
Amount Paid:	CashNet	
Balance Due:	Payment Date:	
	Received By:	
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