



CNAS 4-H Youth Development  
Phone: (671) 735-2040  
Registration Form

Name of Child: (Please Print or Type)

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

\_\_\_\_\_

DOB

Name of Parent or Guardian: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Please Indicate appropriate Enrollment Sections**

\_\_\_\_\_ **Creative Me!** \$100  
UOG College of Natural and Applied Science  
June 6-10, 2022 (8 am-12 pm)  
Age: 5-8 years old

\_\_\_\_\_ **Creative Me!** \$100  
UOG College of Natural and Applied Science  
June 6-10, 2022 (1 pm-5 pm)  
Age: 9-12 years old

\_\_\_\_\_ **Crime Scene Investigation Camp** \$100  
UOG College of Natural and Applied Science  
June 6-10, 2022 (8 am-12 pm)  
Age: 9-13 years old

\_\_\_\_\_ **Bugs Are Us! (Entomology)** \$185  
UOG College of Natural and Applied Science  
June 13-17, 2022 (8 am-5 pm)  
Age: 5-8 years old

\_\_\_\_\_ **Orienteering and Navigation** \$185  
UOG College of Natural and Applied Science  
June 13-17, 2022 (8 am-5 pm)  
Age: 9-12 years old

\_\_\_\_\_ **Hi-Flyers** \$185  
UOG College of Natural and Applied Science  
June 20-24, 2022 (8 am-4 pm)  
Age: 7-10 years old

\_\_\_\_\_ **Crazy Experiments & Outlandish Science** \$100  
UOG College of Natural and Applied Science  
June 20-24, 2022 (8 am-12 pm)  
Age: 6-9 years old

\_\_\_\_\_ **Crazy Experiments & Outlandish Science** \$100  
UOG College of Natural and Applied Science  
June 20-June 24, 2022 (1 pm-5 pm)  
Age: 10-12 years old

\_\_\_\_\_ **Kids Kitchen Cooking Camp** \$100  
UOG College of Natural and Applied Science  
June 27- July 1, 2022 (8 am-12 pm)  
Age: 6-10 years old

\_\_\_\_\_ **Kids Kitchen Cooking Camp** \$100  
UOG College of Natural and Applied Science  
June 27- July 1, 2022 (1 pm- 5 pm)  
Age: 11-14 years old

\_\_\_\_\_ **Junior Fisheries** \$275  
UOG College of Natural and Applied Science  
July 5-22, 2022 (8 am-4 pm)  
Age: 10-15 years old

Official Use Only:

**Account**

Total Amount Due:	
Amount Paid:	
Balance Due:	

**Payment Amount**

**Receipt #**

Cash:	
Check:	
Other:	

**Amount Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Comments/Notes: **Note a 25% deposit is required to secure your child's slots (Non-Refundable).**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to the 4-H & Youth Development Unit at the College of Agriculture Building, Room 111, University of Guam. Fees are non-refundable.

**Health Information: List any physical conditions mentors should be aware of: (i.e., asthma, allergies, medications, etc.**

\_\_\_\_\_  
\_\_\_\_\_

**Physician/Clinic:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**In case of emergency, contact (other than Parent or Guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Authorized to Pick-up (Other than Parent or Guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## Statement of Responsibility, Release and Authorization

By signing below, I acknowledge the camp participant listed above is enrolled in the 4-H Summer camp at the University of Guam ("University"), I voluntarily register my child in the UOG 4-H Summer Enrichment Program on the indicated dates above. My child's participant 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 our of, occur during or are in any way connected with the Program.
3. I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this agreement.

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 a vigorous activities. I further understand that neither the University of Guam nor anyone associated with the UOG 4-H Summer Enrichment Program will be held responsible for any accident or illness. I also grant permission to use any photos, videos, and the like for future promotions of this program.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_