



Coffey County 4-H Camp at White Memorial Camp

June 4, 2025- June 6, 2025 (all day 4 & 5, leave morning of 6th)

Coffey County 4-H Camp is open to all youth enrolled ages 7 through 13 (as of 1/1/25). This completed registration form with payment is due to the Coffey County Extension Office by March 31st.

Camper Name: _____ **4-H Club:** _____

Birth Date: ____/____/____ **4-H Age:** _____ (Age as of 1/1/25) **Shirt Size:** (circle youth or adult) _____

Parent or Guardian: _____

Phone #: _____ **Email Address:** _____

Camp Fee per Camper: **\$90.00** Please make checks payable to: **Coffey County 4-H Council**

- Fee includes 2 ½ days of activities, 7 meals, cabins, and activities.

_____ **My child has food allergies or dietary restrictions.** List _____
Additional information will need to be submitted.

_____ **My child has social-emotional and/or behavioral challenges** that may require accommodations. In order to help our staff/volunteers best meet the needs of your child, please contact the Extension Office to discuss further.

Please complete the following forms. All forms are available at your local extension office.

_____ Coffey County Extension Insurance Form Completed

_____ WMC Camp Permission and Release Form Completed

_____ Medication/Food Allergy Form Completed

4-H Camp Medication Form will need to be updated with meds at time of camp for youth taking prescription and over the counter medications

- A form must be filled out for EACH medication and brought to camp with each medication and form in a separate, resealable plastic bag and give to camp nurse at drop off.
- All medications will be kept at the nurse's station during camp. *Exception:* emergency meds such as inhalers, epi pens, etc. may be kept with camper. A second set of emergency meds must be sent to camp to be held at the nurse's station.

Parent/Guardian Signature: _____

Date: _____

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Research and Extension



contact Coffey County Extension, Jill Barnhardt, 225 Cross St, Burlington, KS 66839, jbarnhardt@ksu.edu

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