

Primitive Pursuits

Winter Camp 2010 Registration Form

Child's Name _____ Parent/Guardian Name _____

**"Winter Camp" is February 13-17, 9 am-3 pm, for ages 6-14 (we will divide into similar-age groups).
The location is 4-H Acres, 418 Lower Creek Rd., Ithaca. Please check one:**

- #1: Saturday and Sunday \$95
- #2: Monday-Wednesday \$145-\$195 (self-determined sliding scale)
- #3: Saturday-Wednesday \$195-250 (self-determined sliding scale)

Staff will be on site from 8:30 to 3:30pm to provide supervision and extend the fun.

We request payment in full when you register. If that isn't possible, a minimum of \$50 (non-refundable) is required to hold a space. **Payment in full is due on February 1st**; if not received you may lose your space to someone on the waiting list. Please contact us with payment questions or to request a scholarship application.

Address _____

City _____ State _____ Zip _____

Email _____

Phone: (h) _____ (w) _____ (cell) _____

If we can't reach you in an emergency, whom should we contact? _____

Relationship to child: _____ How to contact: _____

Child's Information:

- Allergies _____
- Medical Conditions _____
- Other Concerns/Dietary preferences _____

Birth Date: _____ Age at start of program: _____ Grade in Jan. 2010: _____

Homeschooled? Yes No **Gender?** M F **How did you hear about this program?** _____

By signing this form I give permission for my child to participate in the above-mentioned Primitive Pursuits program of Cornell Cooperative Extension/4-H Youth Development. I give permission for Cornell Cooperative Extension staff and emergency medical personnel to give my child medical treatment if necessary. I give permission for Cornell Cooperative Extension staff to transport my child. I give permission for my child's photo to be used for Primitive Pursuits or Cornell Cooperative Extension promotional/educational/social media. I give my consent to receive information about future Primitive Pursuits programs. I give permission for my child to use a knife and tend fires with adult supervision. I understand that I should alert Cornell Cooperative Extension staff to any medical conditions or allergies that my child may have. I understand that my child may be getting muddy, smelly, and bug bitten.

- Please check here if you **do not** want your child's photo used by Primitive Pursuits on our social network site (currently Facebook.com)
- This is my first Primitive Pursuits Program and I was referred by _____

In addition to me, the following people have permission to pick my child up from camp:

Please confirm my registration by (circle one) email phone

Program Cost: \$ _____ (funds from sliding scale are used for scholarships) Amount enclosed: \$ _____

In addition I would like to support future programming with a tax deductible gift! \$ _____

Parent or Guardian signature _____ Date _____

Make checks payable to **Primitive Pursuits** and send c/o CCE-TC, 615 Willow Ave. Ithaca, NY 14850
Or you may give cash or credit card information to the CCE-TC receptionist.

FOR STAFF USE ONLY: rec'd on _____ deposit rec'd \$ _____ balance due \$ _____
confirmed on _____ balance rec'd on _____ database updated _____