SUMMER SPLASH!
There’s No Place like 4-H!

FOR: YOUTH, Ages 7 through 11 (4-H age on January 1st)
WHEN: Tuesday August 11, 2015, 3:00 - 8:00 PM
WHERE: Home Builders Shelter
Carey Park - next to the zoo

NOTE: * Parents MUST sign to pick up youth
* DO NOT leave children before 3:00 PM
*Please be prompt in picking up youth at 8:00 PM

What is a Summer Splash? It is a fun event for youth with a variety of activities. We will be swimming at the Salt City Splash, with “There’s No Place Like 4-H” games and other fun group activities. Jr. Leaders will be facilitating the afternoon/evening’s events. Come and join the fun!!

Items to bring: Swim suit and towels. We will be providing a light supper during the program.

COST: $6.00 for each child. Make your check payable to "Reno County 4-H Council". Adults and older teens will be in attendance to help with games and provide supervision. If you are 12 years through adult and would like to help in this capacity please contact the Extension Office.

REGISTRATIONS ARE DUE August 7th. We need to know the number of youth attending in advance. Please complete the form below and return it to the Extension Office along with $6.00 for each child attending by Friday, August 7. No late registrations will be accepted. Friends of 4-H members are welcome but must fill out a 4-H Participation Form.*** Participation forms are required for ALL Summer Splash participants.

For youth: Ages 7 through 11
SUMMER SPLASH
August 11, 2015

Name ____________________________ 4-H Age ________ Club ____________________

Activities youth should not take part in or any allergies/health concerns: ____________________________________________

Friend I would like to be grouped with: NAME ____________________________ 4-H AGE: ________________
(Youth will be grouped with maximum 1 year grade difference)

I understand that the youth will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the 4-H staff is not responsible in case of accidental injury or illness. I further understand that in case of medical emergency, I will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named above.

Signature of Parent or Guardian ________________________________

Phone # (where you can be reached the night of August 11th): ________________________________