



4-H Outdoor Skills Rendezvous (OSR)

July 20- 24, 2010

*** For Youth Entering Grades 9 - 12 or Having Just Completed Their Senior Year in High School Located at the Oregon 4-H Center, Salem, OR**

Applicant's name: _____ County: _____
Address: _____ City: _____
State: _____ Zip: _____ E-mail: _____
Daytime Phone: _____ Evening Phone: _____
(1) Parent Name: _____ Day phone: _____
Alternate phone numbers: _____
(2) Parent/ Responsible Adult Name: _____ Day phone: _____
Alternate phone numbers: _____
Gender for Cabin Assignment: _____ Male _____ Female School Grade in September 2010: _____
T- Shirt Size- Check one- (Adult sizes): _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

Permission to Photograph By signing this Application I authorize OSR staff and/or their designee(s) to record on videotape and/or still photography my child, named above and to use, and to authorize others to use, such recordings and photographs for general educational, fundraising and/or promotional purposes. I understand that the photograph may include a caption or press release which uses my child's name. I waive any right to inspect and/or approve the finished medium, or the use to which it is applied.

Permission to Survey/ Evaluate By signing this Application I understand that my child will be invited to participate in an evaluation of the OSR that may include a written survey and video taping of some components (e.g. team presentations) which will be used to determine program effectiveness or to promote the program. Participation in the evaluation is voluntary and the youth may choose not to participate without any impact on his or her eligibility to participate in the camp. The youth will be asked for his or her verbal assent before completing a survey or evaluation.

Camp Activity Participation By signing this Application I give permission for my child to participate in all regular activities offered at the Outdoor Skills Rendezvous, including, *but not limited to*, lodging in cabins, OSR meals, rifle, shotgun, pistol, archery, fishing, challenge activities, swimming, canoeing, swings, Frisbee golf, arts & crafts, and cook-outs.

Parent Information & ORS Session Assignments By signing this Application I acknowledge that I have read and understand the OSR Parent Information. I understand that every effort will be made to place my child in three of his/her top rated OSR topics. I understand that this may not be possible and will explain this to my child.

Camper Health & Medication Management By signing this Application I agree to complete the *4-H Health and Code of Conduct Form* and submit it with this application. I will bring any prescription or non-prescription medication my child may require in their original, currently dated containers. I will complete and sign the *Medication Permission Sheet* for each medication. [Available by calling 541-548-6088 or on the State 4-H Web Site at <http://oregon.4h.oregonstate.edu>]. I will bring the *Medical Permission Sheet(s)* to the OSR on check-in day authorizing the OSR staff to dispense the stated medications to my child.

Registration Fee and Information

The fee for the Outdoor Skills Rendezvous is **\$155 until May 1, 2010**; late registration **May 2- June1, 2010 is \$180**. Payment, this Application, the OSR Topic Request Form and the 4-H Health and Code of Conduct Form must be received to complete the registration process. Payment must be received by **June 1, 2010**. No registrations will be accepted after this date. 100% of the fee will be refunded for written cancellation 21 business days before the start of OSR. No refund is available after this date without a doctor's letter of medical need.

Parent/Guardian Signature: _____

Mail to: 4-H Outdoor Skills Rendezvous Registrar, Deschutes Co. 4-H
3893 SW Airport Way, Redmond, OR 97756-8697

Questions: (541) 548-6088 david.white@oregonstate.edu

Registrar's Use Only:

Registration Fee- \$155

Late Registration Fee- \$180

Received

- Payment Date: _____
 Participant Application
 OSR Topic Request Form
 Health/Code of Conduct Form
 Written refund request

Date: _____