

Lancaster County 4-H Teen Council presents its annual...

Overnight Lock-In

for 4th & 5th graders (need not be enrolled in 4-H)

Carnival Extravaganza

Fri. Jan. 19, 8 p.m. – Sat. Jan. 20, 8 a.m.

Nebraska Extension in Lancaster County conference rooms
444 Cherrycreek Road, Suite A, Lincoln

**Sleep Over!
Fun Projects!
Games!
Snacks!
Movies!**

Bring your:

- Sleeping bag
- Pillow
- Toothbrush & Toothpaste
- Active wear
- Sleepwear (sweats)
- A friend!

Cost \$20/person
Registrations due by Jan. 16

For more information, contact Tracy Anderson at tracy.anderson@unl.edu or 402-441-7180.
(Lobby phone during 4-H Lock-In is 402-441-7170)



TO REGISTER

Make check payable (\$20/participant) to Lancaster County 4-H Teen Council and mail with

“NEBRASKA 4-H PARTICIPANT PERMISSION AND HEALTH FORM” (available at the Extension office and online at <https://go.unl.edu/4hhealthform>)

BY JAN. 16 to: Tracy Anderson,

Nebraska Extension in Lancaster County,
444 Cherrycreek Rd., Suite A, Lincoln, NE 68528

No refunds

NE EXTENSION		
Nebraska 4-H Participant Permission and Health Form		
Name of Event _____		Date of Event _____
Participant's First Name _____ Middle Initial _____ Last Name _____		Phone _____
Street Address _____ City _____ State _____ Zip _____		
Age _____	Date of Birth _____	Grade in School _____ Name of School _____ 4-H County Name _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian e-mail for electronic confirmation _____	
Are you a member of 4-H Club? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I hereby grant the University of Nebraska the irrevocable and exclusive right to use, reproduce, publish and copyright photos and other recordings of my child/teen and the name of the child/teen for any purpose for the benefit of the University of Nebraska and its members. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contacts (You must have two different contacts with both daytime and night phone numbers.)		
Parent/Guardian _____	Day Phone _____	Night Phone _____
Address _____	City _____	State _____ Zip _____
If parent/guardian cannot be reached, call _____	Name _____	Day Phone _____ Night Phone _____
Address _____	City _____	State _____ Zip _____
Insurance Information		
Is the 4-H participant covered by family medical/health/disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All parent/guardian of 4-H 4-H participant, understand that health insurance coverage is the parent/guardian's responsibility.		
Medical Insurance Company _____	Policy No. _____	
Name of Insured _____	Relationship to Participant _____	
Medical Care Provider Name of Family Physician or Health Care Facility _____	Telephone _____	
Participant may be released to:		For Office Use Only
<input type="checkbox"/> Anyone listed on the health/registration form	Date Received _____	<input type="checkbox"/> Health information verified at registration
<input type="checkbox"/> Health information verified at registration	Name(s) _____	Signature of person picking up participant _____
OR: <input type="checkbox"/> Extension Personnel		
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Nebraska		Lincoln