



**Extension**  
UNIVERSITY OF WISCONSIN-MADISON  
ASHLAND COUNTY

[Extension Ashland County](#)  
Courthouse, Room 107, 201 West Main Street, Ashland, WI  
54806-1652  
Phone (715) 682-7017, FAX (715) 682-7922 TDD Phone: 7-1-1 for WI Relay

**Ashland County 4-H**

**Elementary Adventure Days, Paddling at Bayview/Pamida beach**

**Wednesday August 24th Time: 1-4 Registration/Permission Slips due by August 22nd**

**Open to all 2<sup>nd</sup>-6<sup>th</sup> grade youth**

Name of Participant \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Any health issues that we should be aware of or accommodation needed? Yes \_\_\_\_ No \_\_\_\_

Specify: \_\_\_\_\_

I consent to have the 4-H leaders administer 1<sup>st</sup> aid and direct my child to emergency services if needed in the event that I cannot be contacted. Insurance Information \_\_\_\_\_

**RULES OF CONDUCT**

- 1. The participant will attend to and follow the directions of the activity facilitator(s)/volunteer leaders.**
- 2. The participant will bring any physical or emotional safety concerns immediately to the attention of the activity facilitator(s)/staff.**
- 3. The participant will avoid behavior that could be harmful to self, others, or property.**
- 4. The participant will refrain from engaging in course activities if he or she does not fully understand the activity instructions or the possible consequences of the risk involved in the activity. In addition, the participant will seek out clarification from the activity facilitator(s)/ volunteer leaders before continuing with the activity.**

By signing this form, you are stating that the participant and his or her parent(s)/guardian(s) have either informed the instructor, in writing, of any existing physical, mental or emotional conditions that could negatively affect or be affected by participation or have none to report. It also signifies that the participant and his or her parent(s)/guardian(s) are: 1) aware of and understand the rules of conduct and potential hazards inherent to this activity, 2) the minor chooses to voluntarily participate, 3) his or her parent(s)/guardian(s) are allowing the minors' participation in the activity with full consent and awareness.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that Ashland County UW-Extension volunteers will be taking videos and pictures of the participants during Elementary Adventure Days. Extension will use these videos and pictures in a manner consistent with Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner. If you have questions or concerns regarding this photo use statement please ask.