



Northern Virginia 4-H Educational Center

2019 Family Camp - Aug 30 - Sept 2

Registration Form

Family Contact Information:

Family Representative Name: _____ Best Phone: _____

Mailing Address: _____ State: _____ Zip: _____

City: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Email: _____ Best Phone: _____

Registration Instructions:

Below are outlined the options for lodging and meals. On the following page, please choose 1 lodging option per **family AND** 1 Meal Plan per **person**.

Lodging Options (includes 3 nights and activity access) - make selection on Page 2

Rector Lodge	..... \$295/room	3 Nights; Room Capacity: 6; Hallway Bathrooms
Robinson Lodge	..... \$350/room	3 Nights; Room Capacity: 6; A/C, Private Bathrooms
Congressman Hall	..... \$400/room	3 Nights; Room Capacity: 4; A/C, Private Bathrooms, Some Adjoining Rooms

Activity Options (Bring your own gear)

Fishing	Basketball	Kickball	Soccer
Hiking	4-Leaf Clover Hunting	Disc Golf	Scavenger Hunt
Nature Photography	Baseball	Kite Flying	Board Games

Meal Plan Overview (One plan per person) - make selection on Page 2

Meal Plans include 7 meals (Saturday breakfast - Monday breakfast)

Standard Meal Plan (ages 6+)	.....	\$75/person
Child Meal Plan (ages 2-5)	.....	\$45/person
Children <2	.....	Free

Registration Details:

1) Lodging Options - includes (3) nights stay and activity access		# of rooms
<input type="checkbox"/> Rector Lodge - \$295/room	Sleeps: 6; Hallway Bathrooms	
<input type="checkbox"/> Robinson Lodge - \$350/room	Sleeps: 6; A/C, Private Bathrooms	
<input type="checkbox"/> Congressman Hall - \$400/room	Sleeps: 4; A/C, Private Bathrooms, Some Adjoining Rooms	

2) Including yourself, please list those you are paying for on this registration. Please select a meal plan for all participants ages 2+.

	Meal Plan: (1 per person)	Subtotal:
Name: _____	Standard (\$75) Child (\$45)	
Name: _____	Standard (\$75) Child (\$45)	
Name: _____	Standard (\$75) Child (\$45)	
Name: _____	Standard (\$75) Child (\$45)	
Name: _____	Standard (\$75) Child (\$45)	
Name: _____	Standard (\$75) Child (\$45)	

Changes and Cancellations:

Please submit, in writing, any needed changes to this registration. Cancellations after August 15th will be refunded 50% of total payment.

Meal Plan Total:	
+ Lodging Total:	
= Family Subtotal:	
+ Sales and Use Tax: (6%)	
= Total Amount Due:	

PAYMENT OPTIONS: (Full Payment is due with Registration)

- Please find my check payment enclosed.
- Please call me at the number provided above so that I can pay by credit card.

*To comply with current legislation, we do not take written forms of credit card information.

SEND COMPLETED REGISTRATION AND RELEASE FORMS TO:

chris@nova4h.com OR

NOVA 4H Family Camp, 600 4H Center Drive, Front Royal, VA 22630

I acknowledge that, by signing below, I am at least 21 years old and an authorized representative of my family. To maximize the enjoyment of the event for all attendees, I will hold my family accountable to the policies of Family Camp, NOVA 4H, and Virginia Cooperative Extension.

Family Representative Signature

Date



**Northern Virginia 4-H Educational Center
Virginia Cooperative Extension
Virginia Polytechnic Institute and State University**

Assumption of Risk/Media Release

As a participant in an activity which is under the direct supervision and instruction of the Northern Virginia 4-H Educational Center, Virginia Cooperative Extension, or Virginia Polytechnic Institute and State University employee(s) and/or qualified staff, I understand that all precautions are taken to ensure that all programs are conducted by qualified personnel in a safe and responsible manner. I further understand that, regardless of the high degree of supervision, there is potential for accidental injury or death. I understand that I share the responsibility for my own safety, and I agree to follow instructions and directions given to me by the Northern Virginia 4-H Educational Center, Virginia Cooperative Extension, and Virginia Polytechnic Institute and State University staff and act prudently and use good judgement. I understand that the potential for injury is especially inherent in activities such as (but not limited to) the Challenge Course and Initiatives, Shooting Activities, Swimming, Caving, Canoeing, and other Outdoor Adventure Activities. I recognize these risks and agree to participate in this program and to assume responsibility for following the directions of the Northern Virginia 4-H Educational Center, Virginia Cooperative Extension, and Virginia Polytechnic Institute and State University staff.

In addition, I am fully aware that the program that I am choosing to participate in will likely include rigorous physical activity and that I need to wear sturdy, closed-toe shoes. I understand that I cannot participate in some of the program if I am pregnant or think I might be pregnant. I understand that I cannot participate in the program while under the influence of alcohol, illegal drugs, or drugs that impair a person in any way. I understand that the Northern VA 4-H Center STRONGLY recommends consulting with your physician prior to participation if you have the following medical conditions: heart disease or any cardiac condition; severe recent or recurring injuries, hemophilia, asthma, severe allergies, or existing or pre-existing spinal injuries. The nature of these programs are non-sedentary and involve hiking and/or walking in hilly and uneven terrain. I understand that the maximum weight limit for high ropes activities is 250 pounds. By signing below, I certify that I am healthy enough to participate in these activities.

I hereby grant the Northern Virginia 4-H Educational Center, Virginia Cooperative Extension and Virginia Polytechnic Institute and State University the right and permission to copyright and/or use, reuse, publish, and/or republish photographic images or pictures of me/my child taken during the program for advertising/promotional purposes. I hereby release, discharge, and agree to hold harmless the Northern Virginia 4-H Educational Center, Virginia Cooperative Extension and Virginia Polytechnic Institute and State University from any liability resulting from the use of the above-mentioned photography or use of my/my child's name. I understand I will have no control over the manner of use of the materials produced and hereby waive any right to pre-approve or inspect materials prior to distribution.

I have read the above paragraphs and I sign this statement with the knowledge that, at my request, the Northern Virginia 4-H Educational Center, Virginia Cooperative Extension, and Virginia Polytechnic Institute and State University staff will explain any risks that I do not fully understand.

Family Representative Signature _____

Printed Name _____