

**What Is Safety Camp?**

*Camp is a cooperative effort by several organizations and agencies to promote safety awareness by providing an active and hands-on learning experience.*

**Who can attend?**

*Safety Camp is for youth who have completed grades 3-6 in the 2017-2018 school year.*

**What does it cost?**

*Registration cost is \$10.00. This includes breakfast, workshop sessions, lunch, T-shirt, afternoon snack and door prizes.*

**Are Scholarships available?**

*Scholarships are available through the Safety Camp committee and for 4-H'ers through the Blue Earth and Nicollet County 4-H programs. For scholarships call 507-304-4142 or 507-934-7828.*

**Registrations must be received by...**

**Wednesday, June 27, 2018**

Registrations taken in order received.  
Camp is limited to 80 youth.

**Mail this completed form to:**

**Safety Camp  
U of MN Extension  
Attn: Jeannie  
1961 Premier Drive, Suite 110  
Mankato, MN 56001**

**Remember to:**

1. Complete both sides of form.
2. Call for scholarship if needed.
3. Include camp fee/check made out to **SAFETY CAMP**.
4. Mail registration to address above.

At Safety Camp, kids have the opportunity to experience and learn about a variety of safety issues through fun activities. Professionals will teach kids how to be safe and make good choices. Safety Camp will address current injury trends, physical activity and overall wellness. Come and learn about first aid from trained Emergency Medical Services personnel, bike maintenance, trail safety and laws relating to bike riding, fire safety, personal fitness and MORE! Kids will have a chance to view safety equipment and vehicles.

**Workshop choices:**

**Rank your preferred choices from 1-6.  
(1 being your first choice.)**

- Animal Safety
- Campfire Safety
- Fire Safety
- Firearm Safety
- Internet Safety
- Personal Safety

**Thursday, July 12, 2018**

- 7:30 am** Drop off/Registration opens
- 7:30-8:00** Breakfast
- 8:00-11:15** Safety Rotations
- 11:15-12:00** Lunch
- 12:00-3:00** Safety Workshops
- 3:00-3:30** Closing Ceremony and Pickup



MINNESOTA

29<sup>TH</sup> ANNUAL

SAFETY CAMP

2018

North Mankato

Fire Station #2

1825 Howard Drive

North Mankato, MN

Thursday, July 12, 2018

7:30 am - 3:30 pm

# 2018 SAFETY CAMP REGISTRATION FORM

# Safety Camp Committee

Youth Name \_\_\_\_\_

Blue Earth County Public Health

Address \_\_\_\_\_

City of North Mankato

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

North Mankato Fire Department

Phone (day) \_\_\_\_\_

North Mankato Police Department

Family Email \_\_\_\_\_

U of MN Regional Extension Office, Mankato

**Special Health or Dietary Needs:** \_\_\_\_\_  
**(If your child has food allergies, we suggest you pack their lunch. Please also remind us at registration of any food allergies or health concerns we should be aware of.)**

U of MN Extension, Blue Earth County 4-H

U of MN Extension, Nicollet County 4-H

Community and County Volunteers

Date of Birth \_\_\_\_\_

How did you find out about Safety Camp? \_\_\_\_\_

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**Parents / Guardians \* indicates required fields**

* First Name	* Last Name
*Cell Phone	*Work Phone

*First Name	*Last Name
*Cell Phone	*Work Phone

**Youth Enrollment \* indicates required fields**

*Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)	
*Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural residence, production agriculture) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
* School Grade completed in 2018:	* School Name / District	
<b>Military</b>	<input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military Branch / Component <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

**Youth Health Information \* indicates required fields**

* Provide any health-related or special needs information you feel others should know to maximize this participant's safety and well-being:	* Please list any allergies or reactions to drugs, foods or things in nature:
* Does this member have any conditions requiring medication? <input type="checkbox"/> No medications are needed by this member <input type="checkbox"/> Yes, and assistance is needed with medications <input type="checkbox"/> Yes, and this member is capable of self-administering medication	* Medication details/explanation:  *Please list any other concerns, including dietary concerns or restrictions:

**Emergency Contact Information (if Parent/Guardian cannot be reached) \* indicates required fields**

* Name	* Name
* Relationship to Member:	* Relationship to Member:
* Primary (best to call) Phone Number:	* Primary (best to call) Phone Number:
Alternate phone number:	Alternate phone number:

\_\_\_\_\_ If your child should **NOT** be included in photographs taken during Safety Camp, please check this line.  
 (Photos are taken throughout the day for use with/by our sponsors and for publicity use by the Safety Camp Committee.)