



Cooperative Extension Service

St Charles Parish
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St. Charles Parish 4-H Regional Challenge Camp Participation Agreement

My child, _____, has my permission to participate in 4-H Regional Challenge Camp from November 14, 2018 through November 16, 2018. It is required that I pay a \$50.00 deposit to reserve my child’s spot to attend the trip. In the event my child is unable to attend the trip, he/she will forfeit the deposit if he/she is selected to attend.

I understand that the St. Charles Parish 4-H Foundation is covering a majority of the cost of the trip. I also understand that my child may be traveling by St. Charles Parish Public School bus and/or possibly in vehicles driven by volunteers and/or LSU AgCenter staff throughout the event.

My child is agreeing to participate in all required educational programs associated with 4-H Regional Challenge Camp. My child accepts and agrees to abide by all rules and regulations as stated in the 4-H Code of Conduct as well as any set forth during the 4-H event.

Since this is an overnight event, I am agreeing that I am responsible for providing my child with any and all medical needs and/or medicines. In case of an accident, illness, or emergency, I am responsible for all fees. If for some reason the child needs to return home for medical or behavioral reasons, as stated in the code of conduct, travel home will be at the parent’s expense.

By signing below, I acknowledge that I agree with the statement above and will abide by the conditions of this event.

Signature of 4-H Member

Date

By signing below, I give my child permission to participate in the above listed event for St. Charles 4-H.

Signature of Parent/Guardian

Date

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