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 2014-2015 school year.

What does it cost?
Registration cost is $10.00. This includes rolls & juice, workshop sessions, noon 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.

Workshop choices: Rank your preferred choices from 1-12 (with 1 being your first choice.)

__Animal Safety
__Bike Safety (bring helmet & bike)
__Campfire Safety
__Electrical Safety
__Fire Safety
__Firearm Safety
__First Aid
__Food Safety
__Personal Safety
__Sun Safety
__Water Safety
__Weather Safety

Registrations must be received by...
Thursday, June 11, 2015
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.

SCHEDULE
7:30-8:00 Registration & Breakfast
8:00-8:05 Welcome & Overview of the day
8:05-8:20 Group Photo
8:25-8:55 Safety Workshop I
9:00-9:30 Safety Workshop II
9:35-10:05 Safety Workshop III
10:10-10:40 Safety Workshop IV
10:45-11:15 Climb Theater
11:20-11:50 Lunch
11:55-12:25 Climb Theater
12:30-1:00 Alliance Pipeline
1:05-1:35 K-9 Unit
1:40-2:25 Tactical Response Team
2:30-3:00 Snack & Evaluation
3:00-3:30 Closing Program

26th Annual Safety Camp
2015

North Mankato
Fire Station #2
1825 Howard Drive
North Mankato, MN
Monday, June 22nd, 2015
7:30 am - 3:30 pm
2015 SAFETY CAMP REGISTRATION FORM

Name ____________________________
Address __________________________
City ___________________________ State/ZIP __________________________
Phone (day) ___________________________ Family Email ___________________________

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.)

Grade Completed in 2015 ____ Date of Birth ___________________________

Parents / Guardians * indicates required fields

<table>
<thead>
<tr>
<th>* First Name</th>
<th>* Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Cell Phone</td>
<td>*Work Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* First Name</th>
<th>* Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Cell Phone</td>
<td>*Work Phone</td>
</tr>
</tbody>
</table>

Youth Enrollment * indicates required fields

<table>
<thead>
<tr>
<th>*Ethnicity</th>
<th>Are you of Hispanic ethnicity? □ No □ Yes (please indicate both an ethnicity and race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Race</td>
<td>□ White □ Native Hawaiian or Pacific Islander □ Black □ Asian □ American Indian or Alaskan Native □ Prefer Not to State</td>
</tr>
<tr>
<td>*Residence</td>
<td>□ Farm (rural residence, production agriculture) □ Suburb of city more than 50,000 □ Town under 10,000 and rural non-farm □ Central city more than 50,000 □ Town / City 10,000 - 50,000 and its suburbs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* School Grade completed</th>
<th>* School Name / District</th>
</tr>
</thead>
</table>

Military □ I have a parent serving in the military □ I have a sibling serving in the military
Branch / Component □ Air Force □ Army □ Coast Guard □ Marines □ Navy □ Active Duty □ National Guard □ Reserves

Youth Health Information * indicates required fields

* Provide any health related information you feel others should know in order to maximize this participant’s safety and well-being:

* Does this member have any conditions requiring medication? □ No □ Yes, and assistance is needed with medications □ Yes, and this member is capable of self-administering medication

* Medication details/explanation:

* Tetanus Immunization Current? □ No □ Yes □ Not sure Date of last Tetanus shot (month/year) if known:

* Please list any other concerns, including dietary concerns or restrictions:

*Medical Insurance Company & Policy Number

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

<table>
<thead>
<tr>
<th>* Name</th>
<th>* Relationship to Member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Primary (best to call) Phone Number:</th>
<th>* Primary (best to call) Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate phone number:</td>
<td>Alternate phone number:</td>
</tr>
</tbody>
</table>

___ 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.)