



JOIN US FOR 2 HOURS EACH WEEK FOR ACTION PACKED FUN, "HANDS-ON" EDUCATIONAL ACTIVITIES AND EXPERIMENTS. THIS CAMP IS FOR YOUTH COMPLETING 1ST-4TH GRADE THIS SCHOOL YEAR (2014-15)

SWISHER-CASTEK PARK

TUESDAYS: JUNE 9, 16, 23, 30 & JULY 7
9:00 AM - 11:00 AM

- ⚙️ EXPERIMENT WITH HANDS-ON STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) INCLUDING THINGS THAT FIZZ, BUBBLE, GLOW, WOBBLE, FLY, FLOAT, ROLL, BOUNCE, GLIDE AND MORE
- ⚙️ RUN, HIKE, JUMP, SMILE, LAUGH IN ACTIVE GAMES AND RECREATION
- ⚙️ DESIGN CREATIVE ART PROJECTS WITH PAINT, CLAY, ETC.
- ⚙️ ENJOY A NUTRITIOUS SNACK
- ⚙️ LEARN TO COOPERATE AND WORK WITH OTHERS IN THE GROUP
- ⚙️ INVITE A FRIEND TO JOIN YOU IN THE FUN TIMES!

2015 4-H ON WHEELS SUMMER CAMP REGISTRATION

BY MAY 15, RETURN THIS FORM TO JOHNSON CO. EXTENSION | 3109 OLD HIGHWAY 218 SOUTH IOWA CITY, IOWA 52246

- I'VE ENCLOSED \$35 FOR THE REGISTRATION FEE; PLEASE MAKE CHECKS PAYABLE TO JOHNSON COUNTY EXTENSION
 OUR FAMILY RECEIVES FREE OR REDUCED SCHOOL LUNCH; NO FEE

CHILD'S NAME _____ GRADE (2014-15) _____ HOME ADDRESS _____

PARENT/GUARDIAN'S NAME _____ PARENT/GUARDIAN'S HOME PHONE _____

PARENT/GUARDIAN'S WORK OR CELL PHONE _____ PARENT/GUARDIAN'S EMAIL _____

BACKUP CONTACT'S NAME _____ RELATIONSHIP TO PARTICIPANT _____ DAYTIME PHONE _____

PARENT OR GUARDIAN: I UNDERSTAND THAT FIRST AID WILL BE AVAILABLE, THAT IF A SERIOUS INJURY OR ILLNESS DEVELOPS, I WILL BE NOTIFIED AND MEDICAL AND/OR HOSPITAL CARE WILL BE GIVEN. IF CONTACT IS IMPOSSIBLE, I GIVE PERMISSION FOR EMERGENCY TREATMENT RECOMMENDED BY THE ATTENDING PHYSICIAN.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

4-H ON WHEELS SUMMER CAMP IS OPEN TO ALL YOUTH; NO PREVIOUS 4-H EXPERIENCE IS NECESSARY

FOR MORE INFORMATION, CONTACT THE JOHNSON COUNTY/IOWA STATE UNIVERSITY EXTENSION & OUTREACH OFFICE
319-337-2145 OR JMMARTIN@IASTATE.EDU