

# Brown County Farmers Union Camp

**WHEN:**

**Thursday,  
May 29, 2008  
10:00 AM-3:30 PM**

**WHERE:**

**BIRDHOUSE  
WYLIE PARK  
ABERDEEN, SD**

**Xtreme  
cooperation**

**Bring  
Friends**

**Everyone Welcome**

**AGES 6-12**

**COOPERATIVE EDUCATION**

**FREE T-SHIRT**

**SINGING & CRAFTS**

**FARMERS UNION ACTIVITIES**

**COOPERATIVE GAMES**

**SNACK PROVIDED**

**BRING A SACK LUNCH**

**VISIT TO STORYBOOK LAND**

**\$5.00 REGISTRATION FEE FOR**

**NON FARMERS UNION**

For More Information Contact:  
Margaret Sumption, Brown County  
Education Director @ 605.329.2453 or  
visit the website at [www.sdfufoundation.org](http://www.sdfufoundation.org)

Pre-registration is helpful!

Call 888.734.8136, Ext. 125 and be included in  
drawing for a desktop computer  
at the end of summer.

Medical release form on reverse side **MUST** be  
completed and sent with each child attending camp!

South Dakota Farmers Union Foundation  
PO Box 1388/1410 Dakota S.  
Huron, SD 57350  
(605) 352-6761, FAX (605) 352-6768

Non-Profit Organization  
U.S. POSTAGE PAID  
Huron, SD 57350  
Permit No. 206

EMERGENCY MEDICAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Grade Completed in May \_\_\_\_\_ Age \_\_\_\_\_ County \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Child's Social Security#(overnightcamping only) \_\_\_\_\_  
Date of Child's Last Tetanus Shot \_\_\_\_\_ General Medical History \_\_\_\_\_  
Insurance Company & Address \_\_\_\_\_  
Insurance Policy# \_\_\_\_\_ Phone \_\_\_\_\_  
Additional Comments \_\_\_\_\_

Name \_\_\_\_\_ is attending \_\_\_\_\_ Camp on (Date) \_\_\_\_\_

I give my permission to have him/her treated by a medical doctor in case of serious injury or illness. I understand that he/she will be properly supervised by your staff while participating in all camp events. The South Dakota FarmersUnion Foundation is not liable for any accident or injury. I also understand that photos taken may be used for futureSouth Dakota Farmers Union Foundation promotional material.

(Feel free to make copies of Registration/Medical Form as needed or answer all questions on plain paper.)

Parent or Guardian Signature \_\_\_\_\_