



**xtreme  
cooperation**

# CODINGTON/HAMLIN FARMERS UNION COUNTY CAMP

**WHEN:**

**Friday  
July 20, 2008  
9:30AM—5:00PM**

**VFW  
808 S Broadway St.  
Watertown, SD**

**WHERE:**



**AGES 6-13**

**FOR MORE INFORMATION CONTACT:**

**SDFU Foundation at  
1-888-734-8136,  
Ext 112 or 125**

**[www.sdfufoundation.org](http://www.sdfufoundation.org)**

**Pre-registration is helpful!**

Call 1.888.734.8136, Ext. 125  
and be included in drawing for a  
desktop computer at the end of  
summer.

**LEARN ABOUT  
COOPERATIVES**

**FREE T-SHIRT**

**SINGING & CRAFTS**

**FARMERS UNION ACTIVITIES**

**COOPERATIVE GAMES**

**SNACK PROVIDED**

**BRING SACK LUNCH**

**SWIMMING**

**BRING SUIT/TOWEL**

**MEDICAL RELEASE FORM ON REVERSE SIDE  
MUST BE COMPLETED &  
SENT WITH YOUR CHILD TO 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 Farmers Union Foundation is not liable for any accident or injury. I also understand that photos taken may be used for future South 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 \_\_\_\_\_