2020 Nevada 4-H Camp Registration Packet Checklist

_______ Registration Form
_______ Photo/Audio/Video Release
_______ Assumption of Risk
_______ 4-H Code of Conduct
_______ Health and Medical Form
_______ Camper Conduct Policy
2020 Nevada 4-H Camp Registration Forms

First Name: ____________________________________________ MI: _____ Last Name: ____________________________________________

Mailing Address: ____________________________________________

City: ____________________________________________ State: __________ Zip Code: ____________________

Home Phone: ____________________________________________ Cell Phone: ____________________________________________

Email Address: ____________________________________________ 4-H Member: ____ YES ____ NO

Birth Date: ____/____/______ Age (as of January 1, 2020): __________ Grade Completed (as of July 1, 2020): __________

School Name (if home schooled, please indicate): ____________________________________________

Years in 4-H: __________ T-Shirt Size: ____________________

(Please indicate youth or adult size)

Gender: ____ Female _____ Gender Identity Not Listed Above

_____ Male _____ Prefer Not to Answer

Ethnicity: ____ Non-Hispanic _____ Prefer Not to Answer

_____ Hispanic

Race: _____White (Caucasian) _____ Asian

_____ Black _____ Multi-Racial

_____ American Indian or Alaskan Native _____ Undetermined

_____ Native Hawaiian or Pacific Islander _____ Prefer Not to Answer

Residence: ____ Farm/Ranch (rural area where agriculture products are raised and sold)

_____ Rural Non-Farm or Town under 10,000 population

_____ Town/City, 10,000 to 50,000 population

_____ Suburban, over 50,000 population

_____ Central City, over 50,000 population

Military: _____ No one in my family is serving in the Military

_____ I have a parent serving in the military

Component: _____ Active Duty Branch: _____ Air Force _____ Army

_____ National Guard _____ Navy _____ Marines

_____ Reserves _____ Coast Guard

Camp Options

Please select the camp(s) you are registering for.

<table>
<thead>
<tr>
<th>Camps</th>
<th>Camper Age</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Adventure and Leadership Camp June 7-10</td>
<td>Camper Age</td>
<td>Cost</td>
</tr>
<tr>
<td>Adventure Camp 1, July 5-9</td>
<td>Camper Age</td>
<td>Cost</td>
</tr>
<tr>
<td>Wildlife and Outdoor Survival Camp, July 10-14</td>
<td>Camper Age</td>
<td>Cost</td>
</tr>
<tr>
<td>Adventure Camp 2, July 15-19</td>
<td>Camper Age</td>
<td>Cost</td>
</tr>
<tr>
<td>STEM Exploration Camp, July 20-24</td>
<td>Camper Age</td>
<td>Cost</td>
</tr>
</tbody>
</table>
Parent/Guardian 1

First Name __________________________________ Last Name: __________________________________________
Home Phone: ___________________________________ Cell Phone: _______________________________________
Email Address: ____________________________________________

Parent/Guardian 2

First Name __________________________________ Last Name: __________________________________________
Home Phone: ___________________________________ Cell Phone: _______________________________________
Email Address: ____________________________________________

Second Household

Send Correspondence: _____ Yes _____ No

Family Name: ________________________________________ First Names: ______________________________
Mailing Address: ______________________________________
City: ___________________________________________ State: __________ Zip Code: __________
Home Phone: ___________________________________ Cell Phone: _______________________________________
Email Address: ____________________________________________

Emergency Contact (If parents/guardians are not available in an emergency, list someone we can call)

First Name __________________________________ Last Name: _________________________________________
Phone: __________________________________________ Relationship: ______________________________
Email Address: ____________________________________________

PHOTO/VIDEO/AUDIO/QUOTE/NAME/TOWN RELEASE:
I give permission, without restriction, to the University of Nevada Cooperative Extension/Nevada 4-H to:

- photograph me please circle........yes.....no
- video record me please circle........yes.....no
- audio record me please circle........yes.....no
- quote me please circle........yes.....no
- state/use my name please circle........yes.....no
- state/use my hometown please circle........yes.....no

I grant the right to use the materials/information listed above for educational and promotional use, as directed by the university (without payment or remuneration) for any appearances, use, or displays. I acknowledge the university’s right to crop or treat the display of my photograph at its discretion. I understand that the university may use these materials in printed and Internet publications and presentations that they produce, and that they may also give the material/information to media and other organizations for educational or promotional use. I also understand that the use of this material/information is done without remuneration/payment to me. Please initial that you have read and agree to the above conditions:

Member Initials __________
Parent Initials __________
ASSUMPTION OF RISK

For myself, my heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as “successors”); I release, forever discharge and agree not to sue the Nevada System of Higher Education (NSHE), its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which 4-H activities may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma or death, and waive any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way, to any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the Nevada 4-H Program including travel to and from events or activities in which I may be a participant, spectator or volunteer. I hereby waive all such claims, which I have now or may hereafter have against the above organizations or persons, however caused.

Member Initials __________
Parent A Initials ________
Parent B Initials ________

I have read and agree to all of the information and statements on both sides of this form. Signatures are required.
I hereby give permission for my child to become a member of 4-H:

________________________________  __________________________________  _______________________
Print Name of Parent/Guardian        Signature of Parent/Guardian        Date

________________________________  __________________________________  _______________________
Print Name of Member                 Signature of Member                 Date

The University of Nevada, Reno is an Equal Employment Opportunity/Affirmative Action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, sexual orientation, genetic information, gender identity, or gender expression in any program or activity it operates. The University of Nevada employs only United States citizens and aliens lawfully authorized to work in the United States.

Date: 11/9/17
University of Nevada Cooperative Extension 4-H Youth Development
Code of Conduct

In order to ensure that University of Nevada Cooperative Extension (referred to as Cooperative Extension from this point on) 4-H Youth Development programs provide positive environments for all individuals to learn and grow, all participants, including but not limited to youth, volunteers, parents, spectators, and Extension personnel agree to abide by these expectations of behavior, while participating in any 4-H Youth Development activities:

- Represent Cooperative Extension 4-H Youth Development with professionalism, dignity and pride, and be responsible for conducting themselves with courtesy and appropriate behavior. All participants, volunteers, and parents will conduct themselves in a respectful manner, exhibit good sportsmanship, and be a positive role model.
- Display respect and courtesy for Extension staff, volunteers, program participants, visitors, clients and property.
- Respect and follow all county and state 4-H Youth Development Policies and Procedures.
- Inform Cooperative Extension personnel of any incidents that may violate 4-H policies.
- Promote and support 4-H Youth Development in developing effective local, county, state and national programs.
- Provide a safe environment by not harming youth or adults in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions. Any actions, such as conviction for child abuse or neglect, violent crimes, unethical behavior, substance abuse, verbal abuse, physical abuse, mismanagement of 4-H funds, or other serious offenses will not be tolerated.
- The distribution, dispensation, possession, or use of illegal drugs, controlled substances, alcohol, and tobacco (including vaping) by youth or adults at any 4-H Youth Development activity is strictly prohibited. If needed, law enforcement may be contacted.
- Use of vulgar or inappropriate language is not allowed at 4-H Youth Development activities.
- Solicitation of gratuities, gifts or bequests for personal or professional benefit is not allowed.
- Treat animals humanely and all participants must abide by National Show Ring Code of Ethics and provide appropriate and ethical animal care.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youth and adults participating in 4-H Youth Development programs.
- Ensure that 4-H participants are not required to purchase materials, equipment, animals or services from any specific business.
- Comply with all applicable laws of the city, county, and state of residence and/or location of 4-H activity.
- Respect the privacy of persons served by the organization and hold in confidence sensitive, private and personal information.
- Handle all concerns regarding 4-H program management within the University of Nevada Cooperative Extension system structure. All issues should be handled at the local level whenever possible.
- Keep personal opinions and actions separate from those made as a representative of this organization. 4-H Youth Development promotes teaching youth “how to think” not “what to think.”
- Discrimination is not allowed on the basis of age, disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion. and, in accordance with University policy.

Violating this Code of Conduct shall be grounds for action up to or including immediate removal from the 4-H Youth Development activity/program. Decisions regarding immediate removal or expulsion will be made by the county Cooperative Extension 4-H Youth Development Personnel in conjunction with the Extension Educator and notification to the State 4-H Youth Development Director.

As a parent, I understand that my child and myself must adhere to this Code of Conduct and that there are consequences for non-compliance or willful disregard. I will assist and support youth in their efforts to adhere to the Code of Conduct.

Parent/Legal Guardian #1 Signature __________________________________________ ___________ Date ____________________

Parent/Legal Guardian #2 Signature __________________________________________ ___________ Date ____________________

I have read, understand and agree to abide by this Code of Conduct. I also understand there are consequences for non-compliance or willful disregard.

Member’s Printed Name: _______________________________________________ Date ____________________

Member’s Signature ______________________________________________________
Please note, the health care professional and/or adult volunteer/chaperones must be aware of all potential problems or health situations so they are prepared to offer the appropriate supervision, accommodation, or support needed.

**Insurance and Contact Information**

Insurance Information: Is the participant covered by family medical/hospitalization insurance  
- Yes  
- No

Family Health Insurance Company: ____________________________ Policy No: ____________________________

Name of child’s or family doctor: ____________________________ Phone Number: ____________________________

If parents/guardians are not available in case of an emergency, notify:

1. Name: ____________________________ Phone: (_____) ____________________________

2. Name: ____________________________ Phone: (_____) ____________________________

**Allergies**

<table>
<thead>
<tr>
<th>Category</th>
<th>Life Threatening?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allergies (Please List Foods)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Allergies (Please List Medications)</th>
<th>Life Threatening?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insect Allergies (Please List Insect)</th>
<th>Life Threatening?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Allergies (Please List)</th>
<th>Life Threatening?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

**Personal Medical History**

<table>
<thead>
<tr>
<th>Current/Chronic health problems or recent surgery/hospitalizations</th>
<th>Check Yes if any apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please explain (attach another piece of paper if necessary):</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current emotional, behavioral, or mental health challenges we should know about?</th>
<th>Check Yes if any apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please explain and include accommodations or ways of responding that might be useful (attach another piece of paper if necessary):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Limitations?</th>
<th>Check Yes if any apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please explain and include accommodations that might be helpful (use another piece of paper if necessary):</td>
<td></td>
</tr>
</tbody>
</table>

**Health History:**

Provide date (approximate is acceptable) at which participant has, had, or was exposed to (if none, mark N/A)

- Chicken Pox
- Tuberculosis
- Measles
- Mumps
- Whooping Cough
- Other Communicable Diseases (Please List)
Please mark if correct:

☐ To the best of knowledge, the participant is up-to-date on all immunizations, which may include, but is not limited to:
  Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Mumps/Rubella (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

☐ The participant has received a Tetanus Booster. Date of Last Booster: _______________________

Special Dietary Needs: In the space below, please list any dietary restrictions (beyond food allergies) for the 4-H member and any necessary precautions that should be taken:

Has the youth ever experienced (or had special needs in) any of the following? (Check ✓ for all that apply)

☐ Asthma ☐ Bronchitis ☐ Eating Disorders ☐ Diabetes ☐ Fainting Spells ☐ Migraine Headaches ☐ Concussions ☐ Bleeding Disorders ☐ Seizures/Convulsions

☐ Ear Infections ☐ Heart or cardio-vascular problems/disease ☐ Bet Wetting ☐ Attention Disorders (ADHD, ADD) ☐ Wears Contacts ☐ Behavior ☐ Other Conditions: Please List Below

If any special instructions are needed for any of the conditions above that you checked, please describe:

Medication

ALL medication must be turned in to the designated health care person at any event/activity (if parent is not present) upon arrival or during registration. Any prescribed medication must be in the original container.

List any medications currently being taken. Include prescription and non-prescription. Please include dosages.

If needed, over-the-counter medication may be administered to my child without contact me (initial those medications that you permit)

_____ Antacid ☐ Decongestion ☐ Ibuprofen (Advil) ☐ Cough Syrup/Drops

_____ Antihistamine ☐ Acetaminophen (Tylenol) ☐ Topical Antibiotic

_____ Please contact me for permission to administering any over-the-counter medication to my child.

Authorization for Medical Treatment

I, ______________________________________ in my capacity as ______________________________________ of
  (Name of Parent/Guardian) (Father, Mother, Legal Guardian)

________________________________________ to hereby grant permission to the designated 4-H medical professional or UNCE-certified 4-H Volunteer(s) or
  (Name of 4-H Member)
  paid staff member to secure any and all emergency medical care for my child, if I can not be reached immediately. I will assume all financial
  obligations incurred for all medical care secured on the 4-H members behalf.

________________________________________
  Printed Name of Parent/Legal Guardian

________________________________________
  Signature of Parent/Legal Guardian

________________________________________
  Date
Nevada 4-H Camp: Mission Statement: The purpose of the Nevada 4-H Camp is to provide an outdoor, group living environment for youth which stimulates them to become self-directing, productive and contributing members of society. At Camp, youth will experience such programs which will develop attributes necessary for intellectual, emotional, physical and social growth perpetuating the beliefs embodied in the 4-H Creed.

Camper Mission: Fully participate in the Nevada 4-H Camp while following the Camper Conduct Policy and exhibiting the best traits of a 4-H Member. Lean and/or grow life-skills (like social skills, cooperation, etc.) while building new friendships, skills and knowledge. Exhibit positivity in interactions and activities with Campers, Counselors and Camp staff, develop an appreciation of natural resources and be open to new experiences, challenges and interests.

1. Use or possession of alcohol, tobacco, weapons and illegal drugs is prohibited.

2. Girls are not allowed in boys' cabin areas nor are boys allowed in girls' cabin areas.

3. Campers aren’t allowed to leave the facility unless part of an approved activity with Adult Counselors and staff attending.

4. Campers shall conduct themselves in accordance with the standards and image of the 4-H program at all times. This includes refraining from inappropriate language, physical or verbal abuse (including bullying or hazing) of others and following all Camp rules set by UNCE, Camp Director and Counselors.

5. Campers must see Camp staff at first sign of any illness. Any injury or accident must be reported immediately to Camp staff.

6. Swimming and boating are allowed only when the Lifeguards are on duty. The buddy system will be used by all Campers.

7. Campers are expected to participate fully in all programs, activities and duties.

8. Campers will be in their cabins and quiet at the times specified by Camp staff and Camp Schedule.

9. Campers shall respect camp property and facilities and assume financial responsibility for any damages they cause.

10. No weapons or items that can be used as a weapon or explosive devices of any kind are allowed at camp. If items are found at camp, it is grounds for immediate expulsion from camp.

11. Office phones are for business use only unless permission is obtained from Camp staff. Cell phones should be left at home.

12. As representatives of County 4-H Programs, Campers are required to follow and model their local 4-H “Code of Conduct,” “Commitment to Excellence” or equivalent local policy.

By signing this Conduct Policy, I acknowledge I understand and accept the above conduct policy and understand that failure to follow this policy may result in my being required to leave Camp.

_________________________  _________________________
Signature of Camper        Date

_________________________  _________________________
Signature of Parent/Guardian Date

_________________________
Signature of Extension Personnel