



2022 Nevada 4-H Health 4 Happiness Summer Camp Registration Packet Checklist

Registration Deadline

- _____ Registration Form
- _____ Photo/Audio/Video Release
- _____ Assumption of Risk
- _____ 4-H Code of Conduct
- _____ Health and Medical Form
- _____ Camper Conduct Policy



2022 Nevada 4-H Health 4 Happiness Summer 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



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 places of 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 _____



4-H Member Health and Medical Form

Last Name: _____ First Name: _____ MI: _____

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	
Food Allergies (Please List Foods)	Life Threatening? _____ Yes _____ No _____ Don't Know
Medication Allergies (Please List Medications)	Life Threatening? _____ Yes _____ No _____ Don't Know
Insect Allergies (Please List Insect)	Life Threatening? _____ Yes _____ No _____ Don't Know
Other Allergies (Please List)	Life Threatening? _____ Yes _____ No _____ Don't Know

Personal Medical History	
Current/Chronic health problems or recent surgery/hospitalizations <i>If yes, please explain (attach another piece of paper if necessary):</i>	Check Yes if any apply: ____ Yes ____ No
Current emotional, behavioral, or mental health challenges we should know about? <i>If yes, please explain and include accommodations or ways of responding that might be useful (attach another piece of paper if necessary):</i>	Check Yes if any apply: ____ Yes ____ No
Physical Limitations? <i>If yes, please explain and include accommodations that might be helpful (use another piece of paper if necessary):</i>	____ Yes ____ No

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), Hemophilus 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)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Bet Wetting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Attention Disorders (ADHD, ADD) |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Wears Contacts |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Other Conditions: Please List Below |
| <input type="checkbox"/> Bleeding Disorders | |
| <input type="checkbox"/> Seizures/Convulsions | |

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



2022 Nevada 4-H Health 4 Happiness Summer Camp, Camper Conduct Policy

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