



CAMP RENEGADE
Participant Permission & Health Form
June 16 & 17, 2020



Camp Fee: \$50 – Checks payable to *Jefferson County 4-H Council*
 Jefferson County Extension, 517 F Street, Fairbury, NE 68352
 Registration & payment due by: **Friday, June 9, 2020**

Your registration is NOT confirmed until this form is completed & returned with payment.

Please print

Participant's First Name	Middle Initial	Last Name
--------------------------	----------------	-----------

Street Address	City	State	ZIP	Home Phone
----------------	------	-------	-----	------------

Age	Date of Birth	Grade in School	4-H County Name
-----	---------------	-----------------	-----------------

Gender: Male Female Parent Email: _____

I want to room with: _____

T-Shirt Size: Youth S Youth M Youth L Youth XL Adult S Adult M

I give permission to use my child's name/photograph in publications, advertisements, 4-H web page or news articles pertaining to 4-H activities.

I do NOT give permission to use my child's name/photograph in publications, advertisements, 4-H web page or news articles pertaining to 4-H activities.

Emergency Contacts (We must have two different contacts with both day and night phone numbers)

Parent/Guardian Name	Day/Work Phone	Night Phone	Cell Phone
----------------------	----------------	-------------	------------

Address	City	State	ZIP
---------	------	-------	-----

2nd Emergency Contact if Parent/Guardian cannot be contacted

Name	Day/Work Phone	Night Phone	Cell Phone
------	----------------	-------------	------------

Address	City	State	ZIP
---------	------	-------	-----

Participant may be released to:

Anyone listed on this health/registration
or

Extension Personnel

Other _____ (Names)

OVER

Insurance Information

Is the 4-H participant covered by family medical/hospitalization insurance? Yes No

As Parent/Guardian of the 4-H participant, I understand that health insurance coverage is the parent's /guardian's responsibility.

Medical Insurance Company: _____ Policy No. _____

Name of Insured: _____ Relationship to Participant: _____

Medical Provider/Family Physician: _____ Phone Number: _____

Health History Information

Does the participant currently have (or had) any of the following? Check "yes" or "no" to each question. Please explain any "yes" answers (noting the number of the question) in the space provided below or on an additional sheet of paper, if necessary.

	YES	NO		YES	NO
1. Had recent injury, illness or infectious disease?	_____	_____	11. Have diabetes or hypoglycemia?	_____	_____
2. Have a chronic or recurring illness or condition?	_____	_____	12. Have asthma?	_____	_____
3. Been hospitalized/had surgery within the past 2 years?	_____	_____	13. Had mononucleosis in the past 12 months?	_____	_____
4. Have frequent headaches?	_____	_____	14. Had seizures?	_____	_____
5. Had a head injury and/or been knocked unconscious?	_____	_____	15. Had frequent ear infections?	_____	_____
6. Has passed out, been dizzy, and/or had chest pain during or after exercise?	_____	_____	16. Wear glasses, contacts or protective eyewear?	_____	_____
7. Had heart-related problem (high/low blood pressure, shortness of breath, murmurs, etc.)?	_____	_____	17. Have on orthodontic appliance?	_____	_____
8. Had muscular/skeletal problems (arthritis, hernia, recent fractures, back/joint problems)?	_____	_____	18. Have problems with sleepwalking?	_____	_____
9. Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)?	_____	_____	19. If female, have an abnormal menstrual history?	_____	_____
10. Have any skin problems (itching, rash, acne)?	_____	_____	20. Have a history of bed wetting?	_____	_____
			21. Had an eating disorder?	_____	_____
			22. Had emotional difficulties for which professional help was sought?	_____	_____

If yes, please give details (i.e., reactions, special instructions, special equipment, or procedures): attach additional pages if necessary.

	Describe the condition, restriction or allergy and how to manage (attach additional pages if necessary)
Dietary Needs	
Allergies (food, medicine, latex, etc.)	
Conditions (diabetic, asthma, etc.)	
Restrictions (ear plugs while swimming)	
Swimming Ability	<input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Swimmer

Any disability/special needs? – Please specify. _____

Other family circumstances that staff needs to be aware of: _____

Date of last physical exam: ____/____/____ Date of last Tetanus Immunization: ____/____/____ (month/day/year)

Medications

Medications must be given to the 4-H staff in charge of the event at registration/check-in. Please list all prescription and non-prescription medications. **All medications must be brought in the original container that identifies the medication's name, the dosage and frequency of administration and the prescribing physician (if applicable).** Provide enough medication for the entire 4-H event.

This person does not take medications on a regular basis.

Medication _____

Dosage _____

Specific times taken each day _____

Route (eye, ear, oral) _____

Reason for taking _____


The following medication is taken during the school year but is not taken now. _____

If deemed necessary, I (parent/guardian) give permission to administer non-prescription medications in accordance with directions on the label for headaches, upset stomach, diarrhea, menstrual cramps, and poison ivy.

4-H Participant Agreement

With my Parent/Guardian, I have completed this form and will assume responsibility for taking my medication and restricting any activities agreed upon and listed on this form. I will exercise good judgment in regard to my own health, safety, and well-being while at 4-H events and activities.

I have read the 4-H Code of Conduct and agree to follow these expectations.

 _____
(4-H Participant Signature)
Date: _____

Permission to Treat, Participate and Release of Claims

The waiver and release of liability was executed this _____ day of _____, 20_____

by _____
Parent/Guardian

of _____
Address

City of _____, County of _____,

State of _____, individually and as

Parent/Guardian of _____
Name of 4-H Participant

in favor of the Board of Regents of the University of Nebraska (UNL) (referred to in this document as Participant). Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns.

Parent/Guardian hereafter known as Releasor, wishes the Participant to participate in the 4-H event named on this document and participate in all activities except as noted on this form.

1. In consideration for the participation in a 4-H camp and UNL Campus Recreation Activities, Releasor hereby RELEASES and covenants not-to-sue UNL or 4-H for any and all present and future claims resulting from ordinary negligence on the part of UNL or 4-H for property damage, personal injury, or wrongful death arising as a result of engaging in, using University facilities and equipment, or receiving instruction for 4-H camp and UNL Campus Recreation Activities or activities thereto, wherever, whenever, or however the same may occur.


2. Releasor hereby voluntarily waives any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by Releasor's family, estate, personal representative, heirs, or assigns. Further, Releasor realizes that participation in 4-H camp and UNL Campus Recreation Activities involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress.

3. Releasor has hereby been made aware that participation in 4-H camp and UNL Campus Recreation Activities has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions.

4. In addition, I understand and accept the incidental risks of travel to and from site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.

5. In the event of a medical emergency, the 4-H camp or University of Nebraska or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

6. I have read and understand that this WAIVER is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this WAIVER AND RELEASE will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Nebraska.

 _____
(Parent/Guardian Signature)
Date: _____

OVER

Nebraska 4-H Participant Code of Conduct

Character Development is the cornerstone of the 4-H Program. Your participation in 4-H carries the responsibility of exhibiting behaviors that reflect the positive traits of trustworthiness, respect, responsibility, fairness, caring and citizenship. Your contribution to a 4-H program is as important as what you receive from it. The following guidelines may not be exhaustive or exclusive. In the spirit of these guidelines, you are expected to promote Nebraska as "the good life," and exhibit good character at all times.

As a 4-H Participant, I will:

1. Treat all people and property with respect, courtesy, consideration and compassion. Avoid put-downs, insults, name calling, swearing and other language or nonverbal conduct likely to offend, hurt or set a bad example.
2. Act in a responsible manner at all time.
 - A. Participate in all sessions related to the 4-H program, event and contest. I will not leave the assigned program area without permission of the paid or volunteer staff.
 - B. Respect roommates by creating a quiet atmosphere during sleeping hours and by remaining within my assigned sleeping quarters after curfew to ensure the safety/well-being of myself and others.
 - C. Avoid sexual displays of personal affection. Females are not permitted in males' rooms, nor males in females' rooms at any time. Minors are not allowed in staff quarters. Rooms will be monitored in accordance with 4-H Policy.
3. Keep noise to a minimum out of respect to others outside of the 4-H group who could be using the same facility.
4. Use good manners, dress appropriately for the occasion and not wear clothing that may be offensive and disrespectful to others.
5. Practice fair-mindedness by being open to ideas, suggestions and opinions of others.
6. Obey laws and rules as an obligation of being a good citizen. I accept responsibility for the proper treatment and care for other youth and adults, animals, the environment, the program facilities and/or equipment.
7. Not possess or use: tobacco products, alcoholic beverages, controlled or uncontrolled mood-altering substances, pocket/hunting knives, lighters/matches, fireworks or firearms during 4-H events. All prescription and non-prescription medications will be listed on my health form. I will follow the specific 4-H event/program guidelines and will possess only the acceptable items as dictated by the specific event. Staff has reserved the right to check luggage, storage areas and/or living quarters prior to and during an event.

I understand that if I do not follow the above Code of Conduct I may expect:

1. To explain my actions to 4-H staff in charge.
2. A letter describing the infraction and/or inappropriate behavior will be sent to my parent/guardian and/or county 4-H Council or sponsoring group.
3. To be dismissed from the event and sent home early at parent/guardian expense.
4. If applicable, further disciplinary action as determined by the county 4-H Council, which may include becoming ineligible to participate in further 4-H activities.
5. To reimburse the proper entity for any property damage or for liability resulting from inappropriate actions. In the case of vandalism, I may be required to reimburse 4-H or the facility for trip expenses and/or additional clean-up fees.



(4-H Participant Signature)



(Parent/Guardian Signature)