



PONCA DAY CAMP COUNSELOR APPLICATION

Due June 17, 2016 by 5:00 p.m. to
Nebraska Extension–Dixon County
57905 866 Road, Concord, NE 68728



Camp Counselor Training – June 27, 11:30 a.m. - 2:00 p.m.
Haskell Ag Lab, Concord
4-H Day Camp – June 28
Ponca State Park, Ponca, Nebraska

Please print or type

Participant's First Name	Middle Initial	Last Name
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Mailing Address	City	ST	Zip Code	Phone
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Age	Date of Birth	Grade in School	4-H County Name
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Gender: ☐ Male ☐ Female T-shirt Size: ☐ S ☐ M ☐ L ☐ XL (Adult Sizes) Email address _____

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. ☐ Yes ☐ No

EMERGENCY CONTACTS – We must have two different contacts with both day and night phone numbers.

Parent/Guardian	Day Phone	Night Phone
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Street Address	City	ST	Zip Code	Email Address
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If parent/guardian cannot be reached, contact:

Parent/Guardian	Day Phone	Night Phone
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Street Address	City	ST	Zip Code	Email Address
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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/guardian's responsibility.

Medical Insurance Company	Policy No.
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Name of Insured	Relationship to participant
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Medical Care Provider-Name of Family Physician or Health Care Facility	Phone
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CONDITIONS, RESTRICTIONS OR ALLERGIES (Please list all)

	Describe the condition, restriction or allergy and how to manage (attach additional pages if necessary)
Medication allergies	
Allergies (food, latex, etc)	
Conditions (diabetic, asthma etc)	
Restrictions (ear plugs while swimming)	

HEALTH HISTORY INFORMATION

Does the participant currently have or have 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 below or on an additional sheet of paper, if necessary.

	Yes	No		Yes	No
1. Had a 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 problems (high/low blood pressure, shortness of breath, murmurs, etc)?			17. Have an orthodontic appliance?		
8. Had muscular/skeletal problems (arthritis, hernia, recent fractures, back/joint problems)?			18. Have an abnormal menstrual history? (if female)		
9. Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)?			19. Had emotional difficulties for which professional help was sought?		
10. Have any skin problems (itching, rash, acne)?			20. Had an eating disorder?		

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

Date of last physical exam: _____

Date of last Tetanus immunization: _____

MEDICATIONS

Medications must be given to the 4-H leader/staff in charge of the event at registration. Please list all prescription and non-prescription medications. All medications must be brought in the original container which 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.

Medication No. 1 _____

Dosage _____ Route (eye, ear, oral) _____

Specific times taken each day _____

Reason for taking _____

Medication No. 2 _____

Dosage _____ Route (eye, ear, oral) _____

Specific times taken each day _____

Reason for taking _____

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

____ This person does not take medication on a regular basis

____ 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.

PARTICIPANT MAY BE RELEASED TO:

____ Anyone listed on the health/registration form.

____ Name (s)

OR ____ Extension Personnel

4-H PARTICIPATION AGREEMENT: With my Parent/Guardian, I have completed this form and will assume responsibility for taking my medication and for 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.

PERMISSION TO TREAT, PARTICIPATE AND RELEASE OF CLAIMS

The waiver and release of liability was executed this _____ day of _____, 2014, by _____ (Parent/Guardian) of (Address) _____ City of _____ County of _____ State of _____, individually and as Parent/Guardian of _____

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 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 the 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.

Sign

4-H Participant Signature

Date

Sign

Parent/Guardian Signature

Date

4-H Program Participant/Parent/Guardian Code of Conduct

The primary goal of the 4-H Program is to help youth develop competency in their projects, confidence in themselves and others, connections to their community and sound character. Actions by persons (Parents, and 4-Her's) involved with the 4-H Program will be consistent with the six core ethical values comprising good character: trustworthiness, respect, responsibility, caring, fairness and citizenship. As a 4-H Participant/Parent/Guardian I will:

- Treat all people and property with respect, courtesy, consideration and compassion. Avoid and prevent put-downs, insults, name calling, swearing and other language or nonverbal conduct likely to offend, hurt or set a bad example.
- Keep informed about 4-H program policies and projects and read materials pertaining to the county 4-H program.
- Teach and model kindness and compassion for others. Recognize that all people have skills and talents which can be used to help others and improve the community. Teach and foster teamwork and discourage selfishness.
- Practice fair-mindedness by being open to ideas, suggestions and opinions of others. I will make all reasonable efforts to assure equal access to participation for all youth and adults regardless of race, creed, color, sex, national origin or disability. Decisions will be made fairly and treat all individuals and families with impartiality.
- 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, the program facilities and/or equipment.
- Demonstrate the responsible treatment of animals and stewardship of the environment.
- Not use alcohol or illegal substances (or be under the influence) while working with or participating in any part of the 4-H Program.
- Provide a safe environment for all parties involved in 4-H. I will protect those involved from sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful behaviors.

4-H Parents, Guardian and/or Youth who do not abide by the above code of conduct, may receive the following consequences:

- Be asked to explain actions to the 4-H Council.
- Be dismissed from an event at own expense.
- Further disciplinary action determined by the 4-H Council, which may include:
 - restriction from contacting 4-H families, volunteers, donors, and/or sponsors pertaining to any 4-H matter
 - becoming ineligible to attend any further 4-H activities
 - family may become ineligible to participate in the County 4-H Program
- Reimburse the proper entity for any property damage or for liability resulting from inappropriate actions. In the case of vandalism, guilty party may be required to reimburse 4-H and/or the facility.

Participant

Date

Parent(s)/Guardian(s)

Date