Nebraska 4-H Participant
Permission and Health Form

Visa, MasterCard and checks accepted. Make checks payable to the facility the participant will be attending. **Mail this form and your payment to that location.** Please check only one box. Please fill out a complete health form for each camper. **Registration instructions on page 8.**

❑ Eastern NE 4-H Center
21520 W. Hwy. 31
Gretna, NE 68028

❑ South Central 4-H Center
State 4-H Office, 114 Ag Hall
Lincoln, NE 68583-0700

❑ NE State 4-H Camp
P.O. Box 87
Halsey, NE 69142

_____
Date Form Completed

Session # _____ Session _____ Camp Date _____ Cost _____
Session # _____ Session _____ Camp Date _____ Cost _____
Session # _____ Session _____ Camp Date _____ Cost _____

Please print or type.

Participant's First Name | Middle Initial | Last Name

Street Address | City | State | Zip | Phone

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

Gender ☐ Male ☐ Female **Parent/Guardian email for electronic confirmation** _____

I want to room with: _____
(Registrations must be received together in the same envelope if possible.)
Have you been to this camp location before? ❑ Yes ❑ No
Are you a member of a 4-H Club? ❑ Yes ❑ No
❑ I give permission to use my child's name/photograph in publications, advertisements, 4-H Web page, social media 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, social media or news articles pertaining to 4-H activities.

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

Primary Parent/Guardian | Phone #1 | Phone #2

Address | City | State | Zip

If parent/guardian cannot be reached, call:

2nd CONTACT

Name | Day Phone | Night Phone

Address | City | State | Zip

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 Care Provider-Name of Family Physician or Health Care Facility | Telephone

Payment Information (Please check box that applies.)

❑ Check enclosed ❑ VISA ❑ MasterCard ❑ Paid online

Credit Card # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date _____

Name on Card: _____

Total cost for all camps _____

For Office Use Only

Date Received _____ / _____ / _____

Cost of Activity _____ Total Received _____

Paid by Whom _____ Check Number _____

❑ Health information verified at registration

Signature of person picking up participant

_____

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 below or on an additional sheet of paper, if necessary.

	Yes	No
1. Had recent injury, illness or infectious disease?	____	____
2. Have a chronic or recurring illness or condition?	____	____
3. Been hospitalized/had surgery within the past 2 years?	____	____
4. Have frequent headaches?	____	____
5. Had a head injury and/or been knocked unconscious?	____	____
6. Has passed out, been dizzy, and\or had chest pain during or after exercise?	____	____
7. Had heart-related problem (high/low blood pressure, shortness of breath, murmurs, etc.)?	____	____
8. Had muscular/skeletal problems (arthritis, hernia, recent fractures, back/joint problems)?	____	____
9. Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)?	____	____
10. Have any skin problems (itching, rash, acne)?	____	____
11. Have diabetes or hypoglycemia?	____	____
12. Have asthma?	____	____
13. Had mononucleosis in the past 12 months?	____	____
14. Had seizures?	____	____
15. Had frequent ear infections?	____	____
16. Wear glasses, contacts or protective eyewear?	____	____
17. Have an orthodontic appliance?	____	____
18. Have problems with sleepwalking?	____	____
19. If female, have an abnormal menstrual history?	____	____
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, procedures): (attach additional pages if necessary)

_____

Date of last physical exam _____

Conditions, Restrictions or Allergies (Please list all)

	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	☐ non-swimmer ☐ beginner ☐ swimmer

Immunizations (A copy of the applicant's immunizations record can replace this section)

Which of the following has the participant had? ☐ Measles ☐ Chicken Pox ☐ German Measles ☐ Mumps ☐ Hepatitis

Please give date for last immunization for:

_____ / _____ / _____ DTP

_____ / _____ / _____ Hepatitis B

_____ / _____ / _____ Varicella Zoster

_____ / _____ / _____ Rubella

_____ / _____ / _____ TD (Tetanus/diphtheria)

_____ / _____ / _____ Polio

_____ / _____ / _____ Measles (hard or red measles or rubeola)

_____ / _____ / _____ Haemophitus influenza (HiB)

_____ / _____ / _____ Last TB mantoux test _____ Result

Other Information

To help ensure a successful 4-H experience, it is vital that we know about our participants' unique needs or special concerns. Please explain anything that will help us better understand your child. For example, care by a physician or counselor in the past year. List any activity restrictions, adaptations, special learning considerations, family circumstances or other relevant experiences on an attached separate sheet (example: walks in his/her sleep).

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 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 medication 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.

Participant may be released to:

❑ Anyone listed on the health/registration form

❑ _____

_____

Name (s)

❑ OR: Extension Personnel

4-H Participant 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.

Sign _____ _____

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 _____ 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 _____ _____

Parent/Guardian Signature Date

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 times.
   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 have 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 any additional clean-up fees.

Sign _____ Parent/Guardian Signature

Sign _____ 4-H Participant Signature

Make a copy of this form for your records.

Extension is a Division of the Institute of Agriculture and Natural Resources at the University of Nebraska–Lincoln cooperating with the Counties and the United States Department of Agriculture.
The 4-H Youth Development program abides with the nondiscrimination policies of the University of Nebraska–Lincoln and the United States Department of Agriculture.