Northern Area/Western

4-H Camp

2016

Once Upon A Camp

July 10-16 Nevada State 4-H Camp
Lake Tahoe, Nevada
2016 4-H Camp for 9 - 12 Year Olds

Keep this page for your reference

Spend a week at beautiful Lake Tahoe. Have fun and make new friends while learning in an experiential environment. The 4-H mission empowers youth to reach their full potential working and learning in partnership with caring adults. 4-H envisions a world in which youth and adults learn, grow and work together as catalysts for positive change.

Through a variety of educational activities and experiences, campers will enjoy the opportunity to develop the four “H”s” - Head, Heart, Hands, and Health while attending camp.

Dates: July 10-16, 2016
Ages: 9 through 12 years old (by the first day of camp)
Camp Fee: $265.00

Fee includes meals, snacks, lodging and transportation for educational events during camp, camp photo, educational materials and a camp T-shirt. Campers bring their own bedroll and pillow, casual outdoor clothing, and all personal items.

This camp is for youth from the western geographic area of Nevada (Carson City, Douglas, Storey, and Washoe Counties.) It is expected that all campers will remain in camp the entire time. Example: baseball tournaments will place camper on an automatic waiting list.

Registration Deadline: Register early! The camp is limited to 128 campers (up to 80 girls and 48 boys). Camp registration will close, without notice, when 128 camper registrations are received or by June 24, 2016, whichever comes first. (Note that camp capacity is limited by the number of registered adult chaperones, which means the maximum limit may be different than 128). Families are urged to register early.

Camp Theme: Once upon a Camp

Our theme will focus on the essential elements of building resiliency in youth. Campers will become better acquainted with the world around them while engaging in a number of fun learning experiences.

New this year is a service learning project to collect books for Ethan’s Little Library in honor of 4-H member Ethan McKinney. You can read more about Ethan and the service project on page 8 of the application form.

The camp experience will help youth learn HOW to think, not WHAT to think.

What Can I Do at 4-H Camp?

Activities are conducted by trained adult chaperones, teen counselors and staff. A wide variety of activities are offered such as but not limited to, swimming, water/beach activities, crafts, sports, skits, nature study, campfires, educational activities, skill building activities, games, shooting sports and more!

Daily Program: (example - times may vary)
7:15 Rise and shine
7:45-8 Clean cabins & bathrooms
8:30-9 Flag raising & hashers
8:30 Breakfast
9:9-10 Clean grounds
9:15-9:55 Activity Center I
10:05-10:45 Activity Center II
10:55-11:35 Activity Center III
11:45-12:15 Activity Center IV
12:15 Hashers
12:30-1:30 Lunch & clean-up
1:45-3:30 Beach Time
3:30-4 Snack, shower & change
4 -5:15 Games & Crafts
5:15 -6 Rest time in cabins only
6-6:15 Flag Lowering
6:15-6:30 Dinner prep & hashers
6:30-7:15 Dinner
7:30-9 Evening programs & campfire
9-9:30 Get ready for bed & lights out
9:30 Lights Out

Each County will hold orientation meetings for parents and campers.
Douglas County June 15, - 6:30 p.m. – 7:30 p.m.
Carson/Storey & Washoe June 21, - 6:30 p.m. (interactive video)
In order to register for camp, please make sure you have:

- Completed and signed all forms
  - Registration
  - Health Form
  - Conduct policy
  - Camp Departure/Shooting Sports Permission
  - Photo Release
  - Assumption of Risk
- A check for $265 made out to Board of Regents (or exact amount in cash)
- A copy of your child’s insurance card (front and back) – if applicable
- Selected a T-shirt size on the Registration (note t-shirt sizes are **adult** sizes – adult large will be ordered if no size is selected)

Also, in preparation for camp itself:

- Do not plan for your child to leave camp prior to July 16
- Have physician’s written instructions and original container(s), for all medications your child needs
- Label all of your child’s medications with his/her name for the camp nurse
- Help your camper limit luggage to one piece
- Attend your county camper information meeting
- Do not send food, candy, gum or money to camp

Please retain this checklist as a reference for when you begin preparing your child for camp.

In order for your child to attend 4-H Camp, pages 1-7 of this application must be completed and returned to the Cooperative Extension office in your area on or before June 24, 2016. Remember camp registration will close without notice once 128 camper registrations are received. Total Camper registration is dependent upon the number of Chaperones registered for camp (2 adults per cabin).

Be sure you have included a copy of your child’s insurance card front and back (if applicable), and written physician’s orders for any medications to be administered at camp.

Thank you!
PARENT OR GUARDIAN INFORMATION
NORTHERN AREA/ WESTERN 4-H CAMP
July 10-16, 2016

KEEP THIS PAGE FOR YOUR REFERENCE

PURPOSE OF 4-H CAMP: Camp is more than just a week at Lake Tahoe. The camping program offers an opportunity for young people to learn. Our theme is "Once upon a Camp - youth literature" - Camp is open to all youth ages 9-12, not just 4-H members.

REFUNDS: A full refund will be made to anyone canceling by 5:00 p.m. on June 24, 2016. A 50% refund will be made to anyone canceling by 5:00 p.m. July 1, 2016. No refunds will be made to anyone canceling after 5:00 p.m., July 1, 2016.

CAMP BANK: Campers should not bring cash or valuables to camp. No money is needed during camp. If Campers do bring money to camp they will be asked to turn in all money to the Camp Director for safe keeping, when checking into the camp.

ARRIVAL AND DEPARTURE: Transportation to and from camp is the responsibility of parents/guardians. Camp officially opens with registration from 11:30 a.m. till 1:00 p.m. Sunday. Families are encouraged to bring a picnic lunch or eat lunch prior to arrival. The first meal served will be dinner on Sunday. The opening session begins promptly at 1:00 p.m., and campers need to be registered and moved into their cabin by that time. Camp officially closes at 10:30 a.m. Saturday morning. Campers must be picked up between 10:30 a.m. and 11:00 a.m. Due to the scheduling of the camp; we must vacate the premises as quickly as possible to allow for the arrival of the next group. For this reason, pick up times are strictly enforced. If your camper is not picked up by the designated time, this will necessitate notification of local authorities by the camp staff.

VISITING, PHONE CALLS AND MAIL: We request that parents/guardians or other adults not visit camp during the week. We have observed that a family visit has a tendency to cause homesickness in some campers. Telephone calls are another link with the family that sometimes causes the same unhappy result. These too, are not recommended. We do, however, encourage letter writing, both on the part of the camper and the family. It does take time for letters to arrive, so it is advisable to write early in the week. Address mail as follows:

Camper’s Name & Cabin Number
Nevada State 4-H Camp
P.O. Box 6868
Stateline, NV 89449

The emergency phone number is 775-588-0799. This phone rings directly to the Camp Director’s cabin. Due to the nature of the camp, the Director participates in many of the activities. If there is no answer, please leave a message on the answering machine. Please remember this number is used for emergencies only.

FOOD ITEMS: PLEASE DO NOT SEND FOOD ITEMS TO CAMP: Campers will be provided nutritious snacks each day. Meals and snacks are carefully planned and prepared so as to satisfy all. Second and even third helpings are readily available and all meals are served family style. Campers on a special diet should note this on the medical form. Please do not send food with your camper or mail treats. This rule is for the fairness and safety of all participants. Cabins are not pest proof, and food encourages pests.

LUGGAGE: Storage space in cabins is at a minimum. Suitcases fit easily under bunks, as do duffel bags and carry-all bags. There is limited space for hanging clothes and campers must provide their own hangers. Please help campers limit themselves to one piece of luggage.

HEALTH: There will be a health care professional at camp. Campers needing medical treatment will be taken to Barton Memorial Hospital. Please note all medical concerns and problems on the health/application form. All information is confidential.

DO NOT FORGET: Necessary medication, in original container, must be given to the nurse with written instructions from a physician when camper checks in. Please make sure camper’s name is on medication and instructions. If your child has headaches and would need Tylenol, etc., please send some along and include instructions as for any medication. Over the counter medications such as Tylenol, also require written parental permission in order to administer. These will not be administered without approval.

If your child has a tendency for bed wetting, do not send a sleeping bag; rather, equip the camper with regular sheets, blankets, and extra bedding. Please note this on the application.

Because the camp is at a high altitude, there is increased danger of sunburn. Please warn your camper about watching for sunburn and if he/she is requested to cover up or stay away from the beach by the nurse, lifeguard, or counselor that he/she does so. Every precaution is taken by the staff to guard against severe sunburn, but the cooperation of the camper is needed.
REGISTRATION FORM
NORTHERN AREA/WESTERN 4-H CAMP
For 9-12 year olds
July 10-16, 2016

NAME OF CAMPER ___________________________ AGE _________ BIRTHDATE ___________ GENDER: M    F

NAME PREFERRED ON NAME TAG ______________________ email address: __________________________

Grade completed as of July 1, 2016 ________ School: __________________________

MAILING ADDRESS ___________________________________________ COUNTY _______

Address                        City                        Zip

Please print names of parents or guardians __________________________

PHONE: (Home) ________________________________ (Work: Mother) __________________________ (Work: Father) ______________________

<Cell: Mother) ____________________________ (Cell: Father) ______________________

Cost of camp is $265. This includes a T-shirt, camp photograph, and all meals. Fee is due when registering. Camp will be limited to the first 128 campers (note, the maximum capacity at camp is dependent on the number of registered chaperones). Please make check payable to: BOARD OF REGENTS.

Check all that apply: Current 4-H Member ______
Military (have a parent/guardian that is Active Duty, National Guard, Reserve) _______
Other Youth (not currently enrolled in 4-H) _______

Race – (please circle) Caucasian – African American – American Indian – Hispanic/Latino – Asian/Pacific Islander

Circle the size T-shirt you prefer (Adult sizes):    Small     Med     Lrg     XL     XXL
(If no size is selected, youth will receive a large T-shirt.)

Cabin Assignment Partner: __________________________________________
(If you would like to request to be placed in the same cabin with another camper, please write that person’s name in the space provided above. Cabin assignments with friends cannot be guaranteed, but all reasonable effort will be made to meet your request. Cabin assignments are made prior to camp and will not be changed at camp check-in-time.)

Staff Use Only:

Date Received: _______________________________    ☐ Front Pg. data    ☐ T-shirt
Time Received: _______________________________    ☐ Med. list    ☐ Name Tag/Color Grp.
Received by: _________________________________    ☐ Food list    ☐ Photo Release
Check #: ________________________________    ☐ Cabin    ☐ Departure
CONDUCT POLICY

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

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

3. Campers are not allowed to leave the camp facility unless it is part of an approved camp activity with chaperones and staff attending. For example, youth will not be able to leave for a sports tournament or visit with relatives.

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, and bullying of others and following all camp rules set by the University of Nevada Cooperative Extension, Camp Director, chaperones, and counselors.

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

6. Swimming is allowed only when the Lifeguard is on duty. The buddy system will be used by all campers while swimming.

7. Campers are expected to participate fully in all camp activities. Camp is a learning environment and all participants deserve the opportunity to learn in an open environment.

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

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

10. Office phones are for business use only. Permission must be obtained from the Camp Director.

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

In order to attend the Northern Area/Western 4-H Camp, 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

I, the undersigned, give permission for_____________________________________________ to participate in the Northern Area/Western 4-H Camp and will hold harmless the Board of Regents, University of Nevada System, University of Nevada, Reno, Nevada Cooperative Extension personnel, 4-H volunteers and other persons involved in the camp in case of accident or injury of any nature to the above participant. I have read and understand the cancellation policy.

Should the above youth be required to leave camp for failure to comply with the conduct policy, I agree to make arrangements to have the youth taken from camp.

_________________________________________  ______________________
Signature of Parent/Guardian                Date

_________________________________________  ______________________
Signature of Extension Personnel                Date

Please return complete form and fees as soon as possible to your local Cooperative Extension Office. Deadline: June 24. (Unless camp fills earlier)
Northern Area/Western 4-H Camp
Camper
Health Form

Please review carefully and fully complete, sign & date

NAME ____________________________ Age ________ Birth date_____________ GENDER: M  F

Mailing Address ____________________________________________________________

Street and Number City Zip County

Please print name of custodial parents or guardian __________________________________________

Phone (Home) ____________ (Work) ____________ (Cell) ____________ Email ________________________

Please note, the health care professional and/or adult 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 INFORMATION is the participant covered by family medical/hospitalization insurance? { } yes { } no
If yes, please attach a photocopy of front & back of health insurance card.

Family health insurance company _______________________________________________ Policy No. _______________________

Name of child or family doctor _______________________________________________ Doctor’s Phone # _______________________

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

(1) Name ____________________________ Phone :(____) ____________________________

(2) Name ____________________________ Phone :(____) ____________________________

HEALTH HISTORY:

Which of the following has the participant had?

[ ] Measles                      Please give latest dates (mo/yr) for immunizations:
[ ] Chicken Pox

[ ] German measles

[ ] Mumps

[ ] Hepatitis A

[ ] Hepatitis B

[ ] Hepatitis C

Other __________

DPT ____________

TD tetanus/diphtheria ____________

Polio ____________

MMR ____________

Haemophilus influenza B ____________

Hepatitis A ____________

Hepatitis B ____________

Chicken Pox ____________

ALLERGIES: List all known and describe reaction & management of the reaction.

Allergies to medication:

________________________________________________________________________

Food Allergies: (be very specific)

________________________________________________________________________

Other allergies (include insect stings, hay fever, asthma, animal dander, etc).

________________________________________________________________________
General Questions (please explain “yes” answers below).

<table>
<thead>
<tr>
<th>Has/does the participant:</th>
<th>Yes</th>
<th>No</th>
<th>Has/does the participant:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>- had recent injury, illness or infectious disease?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- ever had back problems?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- have chronic or reoccurring illness/condition?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- had problems with joints (knee, ankles)?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever been hospitalized or had surgery?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have skin problems (itching, rash, acne)?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>- have frequent headaches?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have diabetes?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever had a head injury?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have asthma?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>- ever been knocked unconscious?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have mononucleosis in past 12 months?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>- wear glasses, contacts or protective eye wear?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have problem with diarrhea, constipation?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- use an orthodontic appliance during camp?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have problem with sleepwalking?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- have frequent ear infections?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have a history of bed wetting?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever get dizzy or pass out during exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- if female, started menstruation?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever had seizures or convulsions?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>If NO, has she been told about it?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever had high blood pressure?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have an eating disorder?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever been diagnosed with a heart murmur?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have fears (general)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- have hyperactivity or ADD?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- have fears of being in small, closed areas</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>- ever had activity intolerance?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>- ever had emotional difficulties for which professional help was sought?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Please explain “yes” to any of the above: ___________________________________________________________

______________________________________________________________________________________________

Is he/she now or has been under a doctor’s care in the last six months? Yes _________ No _________
If yes, what for? __________________________________________________________

ALL medications must be turned in to the designated health care person upon arrival or during registration.
If needed, over-the-counter medications may be administered to my child without contacting me (initial those permitted):

[ ] Antacid [ ] Decongestant [ ] Ibuprofen [ ] Topical antibiotic
[ ] Antihistamine [ ] Acetaminophen [ ] other please specify:

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

Is he/she on any prescribed medication? Please identify ______________________________________________

______________________________________________________________________________________________

Any prescribed medication must be in the original container with directions for use signed by the physician.

I, _______________________________ in my capacity as _______________________________
(father, mother, legal guardian)
(name of parent or guardian)
of ______________________________ do hereby grant permission to the designated 4-H medical professional
(camper’s name)
or UNCE-certified 4-H volunteer(s) to secure any and all emergency medical care for my child, if I cannot be reached immediately. I will assume all financial obligations incurred for all medical care secured on the campers behalf.

_________________________________________ Signature of parent or guardian __________________________ Date

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CAMP DEPARTURE FORM

Name of Camper: ___________________________________________ County: ______________________

Name of driver picking up camper from camp: ____________________________________________________

Relationship to camper: _______________________________________________________________________

Car Description (Make, model, year, & color): ____________________________________________________

License plate (state and number): __________________________________________________________________

Signature of Parent or Guardian: ___________________________ Date: _______________________

Please note: If you need to make a change to your vehicle information and/or driver information please notify the Washoe County office at 775-336-0259 or email mitchells@unce.unr.edu and provide updated information to Sam Mitchell. Thank you.

____________________________________________________________________________________________

2016 Northern Area/Western 4-H Camp
Shooting Sports/ Shooting Sports Trailer
Information and Permission Form

CONTACT YOUR COUNTY UNCE/4-H OFFICE FOR MORE INFORMATION

The 2016 Northern Area/Western 4-H Camp is offering shooting safety instruction and the opportunity to shoot into an official 4-H Shooting Sports Trailer. Instruction and shooting will be offered and supervised by State and National trained/certified Shooting Sports Instructors. Participants will be able to shoot air rifles and/or pistols at paper targets enclosed by the Trailer; eye protection will be available to all participants. Instruction will focus on basic shooting safety and may include concepts such as sight picture and eye dominance.

The focus of all 4-H programs is the development of youth as individuals and as responsible and productive citizens. The National 4-H Shooting Sports Program stands out as an example. Youth learn marksmanship, the safe and responsible use of firearms, the principles of hunting and archery, and much more. The activities of the program and the support of caring adult leaders provide young people with opportunities to develop life skills, self-worth, and conservation ethics. (National 4-H Shooting Sports; http://www.4-hshootingsports.org/)

I have read the information above and Assumption of Risk for the 2016 Northern Area/ Western 4-H Camp, understanding and accepting all risks related to shooting sports activities at Camp.

(PRINT CAMPER NAME) _____________________________________________

Parent’s signature ___________________________ Date ___________________________
NEVADA 4-H

4-H Photo/Audio/Video/Quote/Name/Town Release
(Approved/Revised; August 2010)

I give permission, without restriction, to the University of Nevada Cooperative Extension/Nevada 4-H to:

<table>
<thead>
<tr>
<th>Permission</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>photograph me</td>
<td>__</td>
<td></td>
</tr>
<tr>
<td>video record me</td>
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<td></td>
</tr>
<tr>
<td>audio record me</td>
<td>__</td>
<td></td>
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<tr>
<td>quote me</td>
<td>__</td>
<td></td>
</tr>
<tr>
<td>state/use my name</td>
<td>__</td>
<td></td>
</tr>
<tr>
<td>state/use my hometown</td>
<td>__</td>
<td></td>
</tr>
</tbody>
</table>

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.

I agree to the above conditions:

Name of Participant (Print) ____________________________________________________________

Signature of Participant______________________________________________________________

I agree to the above conditions:

If participant is under 18 years old, name of Parent or Guardian (Print) _______________________

If participant is under 18 years old, signature of Parent/Guardian ____________________________

Date of Completing Form______________________________________________________________

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University of Nevada
Cooperative Extension Events
Assumption of Risk Form
on behalf of Minor (less than 18 years of age)

Parent/Guardian Name: ______________________  Minor’s Name: ______________________

In consideration of the acceptance of my application for participation in the 2016 Northern Area/Western 4-H Camp and specifically, I hereby freely agree to and make the following contractual representations and agreements on my behalf and on behalf of my Minor (hereafter referred to as “Minor”). I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation on my behalf and on behalf of my Minor. I understand these risks include, by way of example and not limitation the following: the dangers of collision with Camp attendees (including campers, teen chaperones, adult chaperones, camp staff, UNCE employees and shooting sports instructors), vehicles and fixed or moving objects; swimming; the dangers and use of equipment and training related to shooting sports and a NV State 4-H Shooting Sports Trailer; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, weather conditions, property damage or loss; the dangers of use and handling of firearms and ammunition (including archery equipment, air rifles, air pistols and related safety equipment); and the possibility of serious physical injury, illness, sunburn, pain, mental trauma or death.

(Initial) ______________________

I understand that participation in 4-H camp is an inherently dangerous activity, and that no one can guarantee my Minor’s safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to allow my Minor to participate in and/or to observe this activity.

(Initial) ______________________

For myself, my Minor, and our 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 (hereafter referred to as “NSHE”), its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which this activity 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 Minor’s body, mental trauma, or death, and waive on behalf of myself and my Minor 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 above event/activity including travel to and from such event or activity in which my Minor may participate as a participant, spectator or volunteer. I hereby waive for myself and on behalf of my Minor all such claims which I have or my Minor has now, or may hereafter have against the above organizations or persons, however caused.

(Initial) ______________________

I agree on my behalf and on behalf of my Minor that it is my Minor’s sole responsibility to be familiar with the grounds, buildings, and other facilities, rules, other applicable rules or special regulations for the above event. I understand and agree that situations and conditions may arise prior to, during, or following the event which may be beyond the control of NSHE, its employees, agents, members, sponsors, volunteers, and officials, and I must participate so as to neither endanger my Minor or others.

(Initial) ______________________

I agree for myself, my Minor, and our successors that the above representations and agreements are contractually binding and shall bind me, my Minor, and our successors for the above event. I agree that if I, my Minor, or our successors assert any claim or bring any suit in violation of this agreement, I, my Minor, or any of our successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit.

(Initial) ______________________

I have carefully read this participation form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself on my behalf and on behalf of my Minor and NSHE.

Signature of Participant ______________________  Address ______________________

Name ______________________  City, State, Zip ______________________

Date ______________________  Phone Number ______________________

Minor’s Parent or Guardian Consent:
We undersigned parent or guardian of a minor do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Parent or Guardian: ______________________

(If participant is less than 19 years of age.)

Person to contact in emergency:

Name ______________________  Phone Number ______________________

Physician ______________________  Phone Number ______________________

Signature of Cooperative Extension staff: ______________________

An EEO/AA institution

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2016 Service Learning Project
For Once upon a Camp

Among many activities this year at camp, everyone will be participating in a service learning project to provide books for children and youth receiving treatment at UCSF Benioff Children’s Hospital - Oakland. Everyone coming to camp needs to bring a new children’s book, written for ages 5 years through young adult, to contribute to Ethan’s Little Library.

In March of this year, 15-year-old Ethan James McKinney lost his courageous fight with bone cancer.

Ethan was always very active in the community, especially in Douglas County 4-H where he was a member of the Carson Valley Shepherds, Science Club, Speaking Club, Shooting Sports and Teen Leadership.

Ethan spent 15 months battling cancer and he faced that battle with the same courage and strength that he lived his life. Ethan said that if he lost his positive attitude and sense of humor than cancer had already won. Not content to lay around, Ethan passed the time in the hospital by starting his own charity called Ethan’s Little Library to collect new storybooks for other kids at the hospital.

He enjoyed reading stories to the younger kids and giving them free storybooks.

To help continue Ethan’s legacy, this year the Northern Area/Western 4-H Camp is collecting new books for his library. The books from campers will be collected at camp, along with books from Teen Counselors, Adult Chaperones and staff.

This is a chance to combine an educational experience with a service learning project.
Excellent Facilities, Leadership, Adventure & Fun

Camp is carefully supervised by a Camp Director, who is assisted by trained adult chaperones and teen counselors. Campers are required to adhere to Camp Rules of conduct. Camp will be limited to 128 campers and filled on a first come/first served basis, so register early. (Note that camp capacity is limited by the number of registered adult chaperones). Camp application forms are available from your county Cooperative Extension office and should be returned to that office as soon as possible, but no later than June 24, 2016.

Things to Bring

☐ Sunscreen & Lip Balm
☐ Towels and wash cloth
☐ Toothpaste & toothbrush
☐ Heavy jacket, sweater, sweatshirt
☐ Sleeping bag or sheets and blankets
☐ Underwear & Sleepwear
☐ Water Bottle
☐ Soap, shampoo, deodorant
☐ Children’s book for Service Project
☐ Combs, brush
☐ Pants, shorts, tops
☐ Pre-addressed postcards
☐ Stamps
☐ Beach cover-up
☐ Hat or cap
☐ Sneakers, sturdy shoes
☐ White 100% Cotton T-shirt to tie dye
☐ Insect repellent
☐ Softball mitt
☐ Notebook, pen
☐ Small flashlight
☐ Beach shoes
☐ Swim suit
☐ Pillow
☐ Book for quiet time

Other Things You Might Want to Bring: Camera (film if needed), field glasses, sun glasses, GPS unit

Things Not to Bring:

- Food
- Candy
- Fireworks
- MP3 Players, iPods, etc.
- Knives
- Pets
- CD/DVD Players
- Video Games
- Bicycle
- Tobacco Products
- Explosives
- Energy drinks or supplements
- iTouch/Ipad or similar tablet or any WIFI capable product

Please make sure all personal belongings are marked with the camper’s names. The camp is not responsible for clothing or articles lost. Contact your Extension Office for lost items. All unclaimed items will be donated to a charitable organization on September 1, 2016. *if you bring a cell phone you will be asked to turn it in to the Camp Director upon check in.

Additional Information

Health: All health considerations and special problems must be noted on the health/application form. Do not forget necessary medication, in its original container, which must be given to the camp health staff with written instructions from a physician when the camper checks in. Please make sure camper’s name is on medication and instructions. If your child has headaches and would need Tylenol, etc., please send and include instructions for any medications. Over the counter medications such as Tylenol also require parental permission form in order to be administered (see health form). Because the camp is at high altitude, there is increased danger of sunburn. Beware of sunburn; provide an ample supply of sunscreen! Parents/guardians agree to assume all financial obligations incurred for all medical care secured while at camp.

Money: Campers are requested to not bring any money to camp. No money is needed during the week of camp. Activities are confined to the camp grounds.

Luggage: Storage space in cabins is at a minimum. Suitcases fit easily under bunks as do duffel bags and carry-all bags.

Arrival and Departure: Camp officially opens with registration from 11:30 a.m. - 1:00 p.m. on Sunday afternoon. Camp activities will begin at 1:00 p.m. on Sunday. Camp officially closes at 10:30 a.m. Saturday. Campers must be picked up between 10:30 a.m. and 11:00 a.m. Transportation to and from camp is the responsibility of parent or guardian. The first meal served at camp will be dinner on Sunday. Families are invited to bring a picnic lunch or eat before arriving.

Refunds: A full refund will be made to anyone canceling by 5:00 p.m. on June 24, 2016. A 50% refund will be made to anyone canceling by 5:00 p.m. on July 1, 2016. No refunds will be made to anyone canceling after 5:00 p.m. on July 1, 2016.
Turn right on Kahle Drive (stoplight). Turn left on Laurel Drive. Turn Right on 4-H Camp Road. (not marked.) It is ¼ mile to the campgrounds from Highway 50.

The 4-H Camp at Lake Tahoe is located on 32 acres at the south shore, with a spectacular view of the lake.

The camp features indoor and outdoor meeting and dining facilities. The campfire area is located near the dining hall and the scenic amphitheater overlooks the lake. Separate cabin and bathroom facilities are available for boys and girls. The camp’s 150 yards of private, sandy beach front offer leisure activities including swimming, volleyball and baseball.