



University of Nevada  
Cooperative Extension

## 2018 NORTHERN AREA/WESTERN 4-H CAMP ADULT CHAPERONE REGISTRATION CHECKLIST



### Verified at County Level:

KEEP THIS PAGE FOR YOUR REFERENCE

- Age 19 or older at the start of Camp
- Accepted as an Official UNCE Volunteer/Leader  
(Successful fingerprint screening & Volunteer/Leader application – to include all required forms - completed and on file in local UNCE Office.)
- 3 Completed References Forms (as per reference checking for a new UNCE volunteer)

### Forwarded to Washoe County:

COMPLETED	SIGNED/INIT.	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Chaperone Registration
<input type="checkbox"/>	<input type="checkbox"/>	Adult Chaperone Responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	UNCE Health Form and copy of Insurance Card (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	UNCE Assumption of Risk
<input type="checkbox"/>	<input type="checkbox"/>	UNCE Photo/Audio/Video Release
<input type="checkbox"/>	<input type="checkbox"/>	UNCE Social Media Policy
<input type="checkbox"/>		Suggested return date for Registration packet, no later than <b>May 15, 2018</b> .
<input type="checkbox"/>		Attend scheduled Camp Trainings/meetings: <b>Camp Social for teens and adults 6/1/18, 6 p.m. (location TBA), All Camp Staff 6/11/18 6 p.m. in Carson City, Camp Training 6/16/18 9 a.m.-3 p.m. at the Reno office.</b> Plus other meetings/trainings TBD if needed
<input type="checkbox"/>		Camp teens, adults and staff report to camp <b>7/7/18 at 3:00 p.m.</b>



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**REGISTRATION FOR CAMP CHAPERONE  
NORTHERN AREA/WESTERN 4-H CAMP  
July 8-14, 2018 (July 7 training at camp 3:00 p.m.)**



Name \_\_\_\_\_ Name preferred on name tag: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City Zip Code

Have you had prior involvement with 4-H (leader, parent, friend, etc.)?  
\_\_\_\_\_

Employer Name \_\_\_\_\_ How long employed by this firm? \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

Who should be notified in an emergency? (Name, address, phone, relationship)  
\_\_\_\_\_

Please explain your interest in wanting to be a camp chaperone.  
\_\_\_\_\_  
\_\_\_\_\_

Activities will focus on hands-on experientially based educational learning activities from various 4-H curricula sources. Are you willing to present or assist in activity centers related to such programs? Please specify.  
\_\_\_\_\_  
\_\_\_\_\_

What education, training, or hobbies do you have that would aid you in working with youth at camp or assisting with activities?  
\_\_\_\_\_  
\_\_\_\_\_

Circle T-shirt size you prefer: (Adult sizes): Sm Med Lg XL XXL XXXL (If size is not selected, you receive a large T-shirt).

**Ethnicity- (please circle one)** Hispanic Non-Hispanic Prefer not to answer

**Race - (please circle one)** White/ Caucasian Black/African-American American Indian/Alaskan Native  
Native Hawaiian /Pacific Islander Asian Multi-Racial Prefer not to answer

**Chaperones must attend:**

- \* Camp Social for Teens and Adults, 6/1/18, 6 p.m. location TBA
- \* All Camp Staff meeting – 6/11/17, 6 p.m. in Carson City
- \* Camp Chaperone meeting –6/16/18 9 a.m. - 3 p.m. at the Reno office
- \* Additional Dates TBA if needed
- \* Camp Training/Orientation July 7, 2018 – at camp at 3:00 p.m.
- \* July 8-14 Youth Camp for 9-12 year olds

**Chaperones must complete:**

- \* Volunteer Agreement
- \* Child Abuse/ Neglect Training Self-Study Guide
- \* Back ground check
- \* Supplemental forms as needed

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed registration **no later than May 15, 2018** to your local University Nevada Cooperative Extension Office

**Carson City/Storey County**  
2621 Northgate Lane, Suite 15  
Carson City NV 89706  
775-887-2252

**Douglas County**  
1325 Waterloo, Minden NV 89423  
Gardnerville, NV 89410  
775-782-9960

**Washoe County**  
4955 Energy Way  
Reno NV 89502-2315  
775-784-4848

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**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:

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.

I agree to the above conditions:

Name of Participant (Print) \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date of Completing Form \_\_\_\_\_



**2018 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**  
**PLEASE RETURN THIS FORM TO YOUR COUNTY UNCE/4-H OFFICE**

The 2018 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-hshootingssports.org/>)*

**I have read the information above and Assumption of Risk for the 2018 Northern Area/Western 4-H Camp, understanding and accepting all risks related to shooting sports activities at Camp.**

**(PRINT NAME)** \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

An EEO/AA Institution



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 doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact:

(1) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Allergies**

Food Allergies (Please List Foods)	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Medication Allergies (Please List Medications)	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Insect Allergies (Please List Insect)	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Other Allergies (Please List)	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Limitations? <i>If yes, please explain and include accommodations that might be helpful (use another piece of paper if necessary):</i>	Check Yes if any apply: <input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information regarding the Adult Volunteer applicant's health:

**Authorization for Medical Treatment**

I hereby grant permission to the designated 4-H medical professional or UNCE-certified 4-H Volunteer(s) or paid staff member to secure any and all emergency medical care for myself, if I am unable to give that consent. I will assume all financial obligations incurred for all medical care secured on my behalf.

\_\_\_\_\_  
Printed Name of Adult Volunteer Applicant

\_\_\_\_\_  
Signature of Adult Volunteer Applicant

\_\_\_\_\_  
Date

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**2018 NORTHERN AREA/WESTERN  
4-H CAMP  
ADULT CHAPERONE RESPONSIBILITIES**



**Northern Area/Western 4-H Camp: Mission Statement:** The purpose of the Northern Area/Western 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 programs which will assist them in developing attributes necessary for intellectual, emotional, physical and social growth perpetuating the beliefs embodied in the 4-H Creed.

**Adult Chaperones Mission:** Fulfill major roles at Camp such as providing leadership and guidance to the Campers and Teen Counselors. Serve as role models to youth. Teach or assist with an activity center during Camp. Help maintain good morale and open lines of communication. Exercise mature judgment and action to ensure the physical, mental and emotional health and safety of Campers. Provide 24-hour supervision for those youth put in their direct charge. Exercise "on the spot" responsibility for all youth, in carrying out the stated rules of the activity, as well as maintaining socially responsible behavior.

4-H is a community of young people across America learning leadership, citizenship and life skills through a variety of educational activities and experiences. With your guidance, campers will enjoy the opportunity to develop the four "H's" – Head, Heart, Hands and Health while participating in a traditional camp experience. UNCE greatly appreciates your valuable time, effort and commitment to a successful Northern Area/Western 4-H Camp for youth.

**All Adult Chaperones are required to:**

1. Be an official UNCE volunteer/4-H Leader including successfully passing a fingerprint screening and completing required volunteer paperwork (**this process must be initiated at least 2 months prior to Camp**). A current Leader Enrollment Form must be on file in your local UNCE Office.
2. Attend pre-camp meetings: **6/1/18 Camp Social for Teens and Adults, 6.p.m., location TBA, 6/11/18, 6 p.m. in Carson City, 6/16/18 8 a.m. at the Reno office 9a.m.-3p.m.** and additional dates TBA if needed; as well as Camp Training/Orientation, **July 7, 2018 at 3:00 p.m. in Camp.**
3. Share leadership with other Chaperones, partner and mentor with Teen Counselors and supervise Campers during Camp. Attend scheduled staff meetings. Report any and all problems or concerns to the Camp Director as soon as possible.
4. Share a cabin with another Chaperone, 1-2 Teen Counselors and group of 10 to 12 campers. Conduct cabin meetings as needed. Rules and regulations can be reviewed at this time. Questions or problems can also be discussed. See that all campers rise on time and engage in appropriate Camp activities. Make sure lights are out at scheduled time.
5. Teach (or assist) in a camp activity center as determined before Camp.
6. Interpret social, safety and health regulations and help Campers follow them.

7. Oversee camp and cabin cleaning assignments. Make sure final cleanup is completed including vacuuming and sweeping cabins, folding bed covers and putting all garbage outside into trash cans. Other duties include: supervising evening activities, supervising beach activities, overseeing meal duties and assisting in activity centers and other activities as requested.
8. Guide campers to participate in all Camp activities. Check cabins periodically, ensuring all Campers are participating in workshops/games/evening programs.

**Notes:**

9. Personal items brought to Camp are at Chaperone's own risk.
10. Unauthorized purchases are at Chaperone's own expense.
11. Follow the Volunteer Code of Conduct signed as part of becoming an official UNCE Volunteer/Leader.
12. Failure to fulfill responsibilities in appropriate/responsible manner will result in being required to leave Camp.
13. Volunteering to be an Adult Chaperone does not influence the acceptance of your child as a Teen Counselor.
14. 4-H Camp is a tobacco free environment, all adult chaperones will abstain during any camp related activity. Smoking is only allowed for adults in designated areas, arrangements must be made with the camp director. All other use of controlled substances is prohibited during camp.

I understand and accept the above responsibilities and understand failure to fulfill these duties in a responsible manner may result in me being required to leave Camp.

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Signature of Adult Chaperone Date

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Signature of UNCE Personnel Date

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### Introduction:

Northern Area/Western Camp/UNCE herein to and after referred to as 4-H Camp as an organization uses online platforms to connect with our stakeholders/audience which can include parents, youth campers, teen counselors, adult chaperones, UNCE 4-H Youth Development Staff, business leaders and community members. Western 4-H Camp participants are encouraged to “like” the Western 4-H Camp Facebook page as well as any other social media platforms/sites on which 4-H Camp may have a presence. 4-H camp encourages following on social media channels from all affiliated with 4-H Camp so that we can build awareness of 4-H Camp’s diverse programming and community involvement.

In general 4-H Camp views online platforms in a positive manner and respects the rights of 4-H Camp staff, teens and chaperones to use them personally as a medium of self-expression. Because of very real chance that a 4-H Camp staff member, teen or chaperone’s personal online presence may come in line with the 4-H Camp’s online presence the following policy must be observed at all times in any/all online platforms:

*Note: For the purpose of this policy the term “staff members” will include all Northern Area/ Western camp staff, chaperones, teen counselors and UNCE staff. The term “youth” will include all campers. The term “online platform” will include any emails, social media sites such as Facebook, Twitter, Snapchat, Instagram, YouTube, etc., applications, instant messaging, websites, blogs and all other Internet mediums.*

Failure to comply with this policy may result in termination/expulsion from camp. Each infraction will be reviewed by the Camp Director and 4-H Program Manager and will be based upon its merit and on a case-by-case basis. All decisions will be final.

### • Trademarks

- The 4-H Clover logo is owned by National 4-H and USDA and each county 4-H program is authorized to use the Clover image. The 4-H logo cannot be used without explicit, written permission of the 4-H Program Manager. 4-H Camp staff and youth are prohibited from using the 4-H logo on online platforms unless approved by the 4-H Program Manager. 4-H garments such as t-shirts, hats, sweatshirts etc. are provided to camp staff and youth. Wearing 4-H logo items while engaged in activities or at locations that may have the potential to reflect negatively on 4-H is highly discouraged.

### • Video, photography and other images

- 4-H Camp staff members are prohibited from posting any photos/videos of youth using their personal online account. 4-H Camp requests written permission from each youth’s parent/guardian to use youth’s photos/videos in written and online materials. Legal action can be taken against those who violate this policy. Staff members are prohibited from taking photos/videos on their own device (camera/cell phone) unless approved by the Camp Director and or 4-H Program Manager.

### • Personal social media

- 4-H Camp staff members must recognize that they are role models for youth at all times, and should limit their public profile to information, comments, photos, etc. that are appropriate should a youth or parent/guardian view them. 4-H Camp staff members must agree to not use online platforms to display behavior (through words or pictures) that is prohibited by 4-H policy, including but not limited to, the use of drugs/alcohol, sexual or delinquent behavior, destruction of property, harassment, or intimidation.

- **NOTE:** *Although some sites may offer privacy settings, staff members should be aware that the internet is a public domain. Staff members are expected to be aware of these guidelines despite their privacy settings.*
- **Respecting 4-H's Reputation**
  - 4-H Camp staff will not disparage 4-H while affiliated with the 4-H camp program under any circumstance. 4-H Camp staff must agree to be respectful of 4-H, its employees and volunteers, youth, and its policies in all postings to online platforms. This includes, but is not limited to; engaging in the use of obscenities/vulgar language; harassment and intimidation; posting derogatory comments regarding an individual's race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, sexual orientation, genetic information, gender identity, or gender expression. Posting explicit, suggestive, humiliating or demeaning comments and posting disparaging words or pictures of campers, yourself or fellow 4-H Camp staff while engaging in disparaging actions/activities during 4-H Camp and camp related functions is strictly prohibited.

**Youth/Staff Communications**

4-H Camp understands that interacting with youth after 4-H Camp may be an extremely positive. However, as with any such communication, 4-H Camp cannot guarantee the kind of supervision, oversight, or program structure that will be present in such a situation outside of 4-H Camp programming. For the protection of both the 4-H Camp staff member and youth, staff members must refrain from interaction with camp youth once the 4-H Camp is concluded. This includes, but is not limited to: phone calls, letters, text messaging, online platforms and face-to-face interactions.

Failure to comply with this policy may result in termination/expulsion from camp. Each infraction will be reviewed by the Camp Director and 4-H Program Manager and will be based upon its merit and on a case-by-case basis. All decisions will be final.

\_\_\_\_\_  
Signature of 4-H Camp staff member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Extension Personnel

\_\_\_\_\_  
Date

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Adult Assumption of Risk



Name: \_\_\_\_\_

In consideration of the acceptance of my application for participation in the 2018 Northern Area/Western 4-H Camp and specifically, I hereby freely agree to and make the following contractual representations and agreements on my behalf. I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation on my behalf. 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 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 participate in and/or to observe this activity. (Initial)

For myself, 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 body, mental trauma, or death, and waive on behalf of myself 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 I may participate as 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. (Initial)

I agree that it is my 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 myself or others. (Initial)

I agree for myself, and our successors that the above representations and agreements are contractually binding and shall bind me, and our successors for the above event. I agree that if I, or our successors assert any claim or bring any suit in violation of this agreement, I, or any of my 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 and NSHE.

Signature of Participant \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Consent (in case of illness or injury and I am unable to give consent): I consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to me 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 Participant: \_\_\_\_\_

Person to contact in emergency:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Cooperative Extension staff: \_\_\_\_\_