



School of Music Youth Camp Permission and Health Form

Name of Event _____ Date of Event _____

Date Form Completed _____

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	Name of School		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian e-mail for electronic confirmation _____			
<input type="checkbox"/> I give permission to use my child's name/photograph in publications, advertisements, videos, web page or news articles pertaining to camp activities. <input type="checkbox"/> I do NOT give permission to use my child's name/photograph in publications, advertisements, videos, web page or news articles pertaining to camp activities.					

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

Parent/Guardian		Day Phone	Night Phone
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 camper covered by family medical/hospitalization insurance? Yes No
 As Parent/Guardian of the camper, 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 _____

<p>Participant may be released to:</p> <p><input type="checkbox"/> Anyone listed on the health/registration form</p> <p><input type="checkbox"/> _____ _____ Name(s)</p> <p>OR: <input type="checkbox"/> Camp Personnel</p>	For Office Use Only
	<p>Date Received _____/_____/_____</p> <p><input type="checkbox"/> Health information verified at registration</p> <p>Signature of person picking up participant _____</p>

Other Information

To help ensure a successful camp 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 camp leader/staff in charge of the event at 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 camp 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: Camp Personnel

Camp 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 camp events and activities. **I have read the Camp Code of Conduct and agree to follow these expectations.**

Camp 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 School of Music event named on this document and participate in all activities except as noted on this form.

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

School of Music Youth Camp Participant Code of Conduct

Your participation in a School of Music Youth Camp carries the responsibility of exhibiting behaviors that reflect the positive traits of trustworthiness, respect, responsibility, fairness, caring and citizenship. Your contribution to a School of Music Youth Camp 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 School of Music Youth Camp 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 camp, event and/or 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 the University of Nebraska Youth Safety Policy.
3. Keep noise to a minimum out of respect to others outside of the camp, event and/or contest 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 camp events. All prescription and non-prescription medications will be listed on my health form. I will follow the specific camp 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 the School of Music camp staff in charge.
2. A letter describing the infraction and/or inappropriate behavior will be sent to my parent/guardian and/or sponsoring group/school.
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 School of Music, which may include becoming ineligible to participate in further School of Music 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 the University of Nebraska or the facility for expenses and/or any additional clean-up fees.

Parent/Guardian Signature

Participant Signature

Make a copy of this form for your records.

