



2016 Nebraska Youth Range Camp Application

June 6 - June 10, 2016

Nebraska State 4-H Camp in Halsey, Nebraska

APPLICATION DUE: MAY 27, 2016

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

NAME OF SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

PLANNED YEAR OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

NAME OF SPONSORING GROUP OR AGENCY: \_\_\_\_\_

HAS THE APPLICANT PREVIOUSLY ATTENDED THE NEBRASKA YOUTH RANGE CAMP? \_\_\_\_\_

WHICH YEAR(S) PREVIOUSLY ATTENDED? \_\_\_\_\_

LIST SCHOOL AND COMMUNITY ACTIVITIES:

LIST PAST RANGE ACTIVITIES (INCLUDE SCHOOL, RANCH OR FARM WORK):

IDENTIFY THE NUMBER OF RANGE CONTESTS YOU HAVE PARTICIPATED IN. \_\_\_\_\_

AWARDS AND HONORS (LAST TWO YEARS):

WHAT DO YOU EXPECT TO GAIN FROM THE NEBRASKA YOUTH RANGE CAMP?

WHERE DID YOU HEAR ABOUT THE NEBRASKA YOUTH RANGE CAMP?

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

PARENT/GUARIDAN NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I give permission to use my child's name/photograph in publications/ news articles pertaining to Range Camp.

I do NOT give permission to use my child's name/photograph.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**\*PLEASE COMPLETE BOTH SIDES OF APPLICATION\***

# HEALTH FORM

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

PHONE: (DAYTIME) (\_\_\_\_) \_\_\_\_\_

(NIGHT) (\_\_\_\_) \_\_\_\_\_

PHYSICIAN TO CONTACT: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

## **INSURANCE INFORMATION**

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

## **HEALTH STATEMENT** (To be completed by parent and/or medical doctor.) **(All "Yes" responses will require an explanation.)**

- |  | YES   | NO    |  | YES   | NO    |
|--|-------|-------|--|-------|-------|
| 1. Respirator Problems – (Asthma, blood spitting, persistent cough, abnormal chest x-ray, T.B., etc)         | _____ | _____ | 12. Emotional or Mental Disorders – (Frequent anxiety, excessive fears, etc.)  | _____ | _____ |
| 2. Heart Disease – (High/low blood pressure, shortness of breath, murmurs, chest pain, Rheumatic Fever, etc) | _____ | _____ | 13. Surgical Operations, accident or injuries which required hospitalization in the past 2 years   | _____ | _____ |
| 3. Stomach or Intestinal Problems – (Ulcers, jaundice, hernia, colitis, indigestion, etc)                    | _____ | _____ | 14. Recent Exposure to a Contagious Disease  | _____ | _____ |
| 4. Kidney, Gall Bladder, or Liver  | _____ | _____ | 15. Allergies  | _____ | _____ |
| 5. Diabetes or Hypoglycemia  | _____ | _____ | 16. Are you currently under a doctor's care?   | _____ | _____ |
| 6. Muscular/Skeletal Problems – (Arthritis, hernia, recent fractures, etc.)                                  | _____ | _____ | 17. Are you currently taking medication?   | _____ | _____ |
| 7. Eye, Ear, Nose or Throat Problems   | _____ | _____ | 18. Do you have any special dietary needs?   | _____ | _____ |
| 8. Skin Diseases   | _____ | _____ | 19. Do you have any limiting physical conditions?  | _____ | _____ |
| 9. Nervous Disorders – (Convulsions, epilepsy, dizziness, etc.)  | _____ | _____ | 20. Do you wear glasses, contacts, or protective eyewear?  | _____ | _____ |
| 10. Have an orthodontic appliance?   | _____ | _____ | <b>(Please circle choice.)</b>   |       |       |
| 11. Learning Disabilities <b>(please explain clearly)</b>  | _____ | _____ | 21. Can your child be given aspirin/Tylenol?   | _____ | _____ |
|  |       |       | <b>(Please circle choice.)</b>   |       |       |
|  |       |       | 22. The participant will be bringing medication to the event and will call attention of this fact to the Range Camp adult sponsor in charge. | _____ | _____ |
|  |       |       | 23. Are the applicants immunizations current?  | _____ | _____ |

Explanations and Other Information: \_\_\_\_\_

## **TREATMENT RELEASE**

**In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by the Nebraska Youth Range Camp Directors to hospitalize, secure proper treatment for and to order injections, anesthesia, and surgery for my/our child as named above. I/we agree to reimburse the Camp for any additional cost not covered by the insurance in the event of illnesses or injuries that might occur during the duration of the Camp and all Camp activities. In case of minor emergency, I hereby give permission for the administering of first aid.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE