



REGISTRATION FORM
Nevada 4-H Mustang Camp
For 12-19 year-olds
July 24-25, 2025



NAME: _____ DOB: ____/____/____ AGE: _____
M D Y

NAME PREFERRED ON NAME TAG: _____ Grade completed (as of June 30, 2025): _____

Parents/Guardians name _____ Name of School _____

Mailing Address: _____ County _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ 4-H MEMBER OTHER YOUTH

PHONE: (Home) _____ (Cell: Mother) _____ (Cell: Father) _____

(Work: Mother) _____ (Work: Father) _____

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Identity Not Listed Here
	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer Not to Answer
Ethnicity:	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Prefer Not to Answer
	<input type="checkbox"/> Hispanic	
Race:	<input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black	<input type="checkbox"/> Multi-Racial
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Undetermined
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Prefer Not to Answer

Cost of camp is **\$100**. This includes a T-shirt, camp photograph, and all meals. Fee is due when registering. There will be rolling wait lists. **Sibling discounts of \$40 will be given.**

Please make check payable to: **EUREKA 4-H**

Circle the size T-shirt you prefer Youth: **YXS** (2-4) **YS** (6-8) **YM** (10-12) **YL** (14-16) **YXL** (18-20)
or
(If no size is selected, youth will receive an adult large T-shirt.) Adult: **Small** **Med** **Lrg** **XL** **XXL**

Special Sleeping Arrangement Request: _____

(If you would like to request a special sleeping arrangement or have anything you may need special please let us know.)

Staff Use Only:		
Date Received: _____	<input type="checkbox"/> Front Pg. data	<input type="checkbox"/> T-shirt
Time Received: _____	<input type="checkbox"/> Med. list	<input type="checkbox"/> Name Tag/Color Grp.
Received by: _____	<input type="checkbox"/> Food list	<input type="checkbox"/> Photo Release
Check #: _____	<input type="checkbox"/> Cabin	<input type="checkbox"/> Departure

CONDUCT POLICY

1. Use or possession of alcohol, tobacco, or illegal drugs is prohibited.
2. Girls are not allowed in boys' sleep areas nor are boys allowed in girls' sleeping 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, Reno 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. 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.
7. Campers will be in their sleep areas and quiet at the times specified by the camp staff.
8. Campers shall show respect for the camp property and facilities and assume financial responsibility for any damages they may cause.
9. Cell phones will be allowed however we as Campers to not let them interrupt the learning environment.
10. 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 Nevada 4-H Mustang 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 Nevada 4-H Mustang Camp and will hold harmless the Board of Regents, University of Nevada System, University of Nevada, Reno, Nevada Extension personnel, University of Utah Extension Staff, 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 Extension Office. Deadline: June 15, 2025. (Unless camp fills earlier)



Nevada 4-H Mustang Camp - Camper Health Form

Please review carefully and fully complete, sign & date

Last Name: _____ First Name: _____ Age: _____

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 child's or family doctor: _____ Phone Number: _____

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

(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

Health History:

Provide date (approximate is acceptable) when participant **has had, or was exposed to** (if none, mark N/A)

- _____ Chicken Pox
- _____ Tuberculosis
- _____ Measles

- _____ Mumps
- _____ Whooping Cough
- _____ Other Communicable Diseases (Please List)

Please mark if correct:

- To the best of knowledge, the participant is up-to-date on all immunizations, which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Mumps/Rubella (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.
- The participant has received a Tetanus Booster. Date of Last Booster: _____

Special Dietary Needs: In the space below, please list any dietary restrictions (beyond food allergies) for the 4-H member and any necessary precautions that should be taken:

Has the youth ever experienced (or had special needs in) any of the following? (Check (✓) for all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Attention Disorders (ADHD, ADD) |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Wears Contacts |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Behavioral Issue |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Other Conditions: Please List Below |

If any special instructions are needed for any of the conditions above that you checked, please describe:

Medication

ALL medication must be turned in to the designated health care person at any event/activity (if parent is not present) upon arrival or during registration. Any prescribed medication must be in the original container.

List any medications currently being taken. Include prescription and non-prescription. Please include dosages.

If needed, over-the-counter medication may be administered to my child without contact me (initial those medications that you permit)

_____ Antacid	_____ Decongestant	_____ Ibuprofen (Advil)	_____ Cough Syrup/Drops
_____ Antihistamine	_____ Acetaminophen (Tylenol)	_____ Topical Antibiotic	

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

Authorization for Medical Treatment

I, _____ in my capacity as _____ of
(Name of Parent/Guardian) (Father, Mother, Legal Guardian)

_____ to hereby grant permission to the designated 4-H medical professional or Extension-certified 4-H
(Name of Camper)

Volunteer(s) or paid staff member 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 4-H members behalf.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

The University of Nevada, Reno is committed to providing a place of work and learning free of discrimination on the basis of a person's age (40 or older), disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy-related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race (including hair texture and protected hairstyles such as natural hairstyles, afros, Bantu knots, curls, braids, locks, and twists), color, or religion (protected classes). Where discrimination is found to have occurred, the University will act to stop the discrimination, prevent its recurrence, remedy its effects, and discipline those responsible.



EXTENSION
College of Agriculture,
Biotechnology & Natural Resources

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 Tosha Kerby in the Eureka office at tkerby@unr.edu and provide updated information. Thank you.



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, Reno Extension/Nevada 4-H to:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| photograph me | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| video record me | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| audio record me | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| quote me | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| state/use my name | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| state/use my hometown | <input type="checkbox"/> yes | <input type="checkbox"/> 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 _____

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 _____

The University of Nevada, Reno is committed to providing a place of work and learning free of discrimination on the basis of a person's age (40 or older), disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy-related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race (including hair texture and protected hairstyles such as natural hairstyles, afros, Bantu knots, curls, braids, locks, and twists), color, or religion (protected classes). Where discrimination is found to have occurred, the University will act to stop the discrimination, prevent its recurrence, remedy its effects, and discipline those responsible.



University of Nevada, Reno 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 2025 Nevada 4-H Mustang 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: risks may include, but are not limited to, being bitten, kicked, stepped on, or knocked over by a horse; unpredictable animal behavior; injuries from grooming, feeding, or leading horses; and hazards related to riding or groundwork activities. Participants may also be exposed to environmental dangers such as uneven terrain, weather-related risks, and encounters with insects or wildlife. While safety measures will be in place and adult supervision provided, I understand and acknowledge that no activity involving animals is without risk and agree to assume full responsibility for any injury or loss that may occur as a result of participation in this camp.

(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 Extension staff: _____