



If you haven't completed the registration form already - it can be found as the last page of this packet and should be submitted for any adult chaperone.



Ruritan Youth Camp

2022 Paperwork Checklist Adult Chaperone

Registration Paperwork -

- ☐ Ruritan Registration
- ☐ Adult Health History Form
- ☐ Dietary Needs Form
- ☐ Equine Waiver
- ☐ Standards of Behavior

Adult Chaperone Training

In order to ensure that every chaperone meets our training requirements, please visit the training website and submit your verification of completion to the Ruritan National Office ***no later than two weeks prior to the start of camp.***



INSTRUCTIONS: Please provide information concerning your health for participation in 4-H Events for the current year. If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. PLEASE PRINT ALL INFORMATION. (NOTE: Both sides of this form must be completed.)

COUNTY _____

IDENTIFICATION

NAME _____ FEMALE ☐ MALE ☐
Last First MI

MAILING ADDRESS _____ CELL PHONE (____) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ BIRTHDATE _____ EMAIL _____

EMERGENCY CONTACT

NAME _____ CELL PHONE (____) _____

ADDRESS _____ HOME PHONE (____) _____

RELATIONSHIP _____ WORK PHONE (____) _____

PHYSICIAN/INSURANCE INFORMATION

NAME OF PHYSICIAN _____ PHONE (____) _____

MEDICAL/HOSPITAL INSURANCE _____
Carrier Policy ID #

MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL YES _____ NO _____

IMMUNIZATION HISTORY

Date of most recent tetanus shot: (month/year) _____

HEALTH AND MEDICAL HISTORY

Special Dietary Needs

Do you have a history of any of the following? Check all that apply.

☐ Allergies

☐ Fainting spells

☐ Wears Dentures

☐ Asthma

☐ Seizures/Convulsions

☐ Surgery

☐ Bleeding disorders

☐ Heart condition

☐ Serious illness/injury

☐ Diabetes

☐ Wears Contacts

Other _____

Please describe any condition or need that you checked: _____

Are you experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication? If YES, please explain: _____

Other information you feel important to share: _____

APPROVAL/EMERGENCY AUTHORIZATION

I hereby give permission in the event of accident or injury for the medical staff or representative to secure proper treatment for, hospitalize, and to order injection and/or anesthesia and/or surgery for me. I understand that all attempts will be made to notify my emergency contacts of any such serious illness or injury.

I hereby understand the nature and scope of the activities I am participating and agree to participate subject to limitations noted herein. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: _____

SIGNATURE _____ DATE _____

(Note: If for any reason you cannot sign this, you must contact your Extension office to obtain a legal waiver that must be signed.)

Special Dietary Needs Policy and Request Form

The W.E. Skelton 4-H Center kitchen staff prides itself on being able to accommodate special dietary needs and restrictions. In 2022, we will offer the following alternative meal options:

- Gluten-free diet
- Dairy-free diet
- Vegetarian diet

Participants must sign up for these options at least 2 weeks in advance, and the kitchen will be serving specialized meals in adherence to these dietary restrictions/limitations.

Pre-portioned salads will be available upon request at lunch and dinner.

We are a **nut-free** camp, so please relay this to adults so they do not send campers with snacks that contain nuts.

If a participant has dietary needs outside of the special diets offered they are welcome to provide their own food. This food can be stored in the walk-in refrigerator or freezer at the 4-H Center.

I need to request an alternative meal option due to my Special Dietary Needs:

_____ Gluten-free diet

_____ Dairy-free diet

_____ Vegetarian diet

_____ I have other special dietary needs and need to bring my own food

Or

_____ No special dietary needs

Participant Name _____



Virginia Polytechnic Institute and State University Equine Release, Waiver, and Indemnification Statement

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself/herself/themselves and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its members, employees, agent, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, cost, claim judgment, or settlement which may be brought or entered against them as a result of the undersigned person's participation in said activity.

If involved in equine activities pursuant to Section 3.2-6202 amended of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks resulting from the "intrinsic dangers of equine activities". "Intrinsic dangers of equine activities" is defined as those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

This waiver shall remain valid unless expressly revoked by the participant or Parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after delivery to the provider.

In the case of school-, college-, and university-sponsored classes and programs, waivers executed by a participant or parent or guardian of a participant shall apply to all equine activities in which the participant is involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) agrees to maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities.

I, the undersigned participant, will wear and use, in accordance with established Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

Printed Name of Participant

Printed Name of Parent or Guardian

Signature of Participant

Signature of Parent or Guardian if participant is under age 18 yrs

Date

Personal Statement for Adult Non-Helmet Use

I, _____, understand that Virginia Tech and the Commonwealth of Virginia highly recommended for safety reasons that I wear an ASTM certified riding helmet while engaged in equine activities. I have freely chosen not to wear this recommended safety equipment, to include an ASTM certified riding helmet, while I am engaged in equine activities and elect to accept full responsibility for any injuries that might arise as a result of failure to use or wear recommended safety equipment.

Signature _____

www.ext.vt.edu



Standards of Behavior for Virginia 4-H Volunteers

Trustworthiness, respect, responsibility, fairness, caring, and citizenship are the six core ethical values which the CHARACTER COUNTS! program calls the “Six Pillars of Character.” These values reflect those of the Virginia 4-H program and each 4-H member, volunteer, and staff member should strive to practice these values. The following standards for 4-H volunteers identify how these values will be reflected in volunteer performance. These standards help to ensure the safety and well-being of all 4-H participants and the integrity of the 4-H program.

- I will teach, enforce, advocate, and model the Six Pillars of Character, which are trustworthiness, respect, responsibility, fairness, caring, and citizenship.
- I will represent the Virginia 4-H program by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating reasonable conflict resolution skills.
- I will dress in a manner that is appropriate for a given 4-H program/event in accordance with that program/event’s dress code.
- I will support and promote the Virginia 4-H mission, “*To develop youth and adults working with those youth to realize their full potential – becoming effective, contributing citizens through participation in research-based, non-formal, hands-on educational experiences.*”
- I will actively participate in, and complete, Virginia 4-H program orientation and training that prepares me to satisfactorily accomplish the tasks for which I have volunteered.
- I will abide by all applicable laws and Virginia 4-H program policies, guidelines, and procedures. This includes, but is not limited to those regarding, child abuse, risk management, above suspicion, substance abuse, and limits of authority.
- I will accept supervision and support from salaried 4-H Extension staff or designated management volunteers and understand that I work under the guidance, supervision, and leadership of the Extension staff in charge.
- I will handle 4-H funds and engage in 4-H fundraising (when applicable) in an ethical manner.
- I will make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.
- I will not use (or allow others to use) alcohol or illegal drugs at any 4-H program or event. I understand that tobacco products can only be used in approved areas at approved times during approved events if I am of legal age. I understand the Virginia 4-H Search and Seizure policy regarding alcohol, drugs, or weapons.
- I will, when transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator’s license in accordance with Virginia Tech and Virginia 4-H policies. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by properly operating seat belts when applicable.
- I will conduct myself in a manner that is in the best interest of youth and the Virginia 4-H program and will not use the volunteer position for purposes of private or personal gain.
- When applicable to my 4-H responsibilities, I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology in an appropriate manner in accordance with 4-H, Virginia Cooperative Extension, and Virginia Tech policies.
- I will complete all necessary paperwork in a timely manner.

I understand that these standards represent a contractual agreement between volunteers and the Virginia 4-H program (of Virginia Cooperative Extension and Virginia Tech). My signature below indicates that I have read, understand, and agree to abide by these standards for volunteers. I understand that immediate suspension or termination of my position as a volunteer could result if I do not meet these standards.

VOLUNTEER (Print)

VOLUNTEER SIGNATURE

DATE

EXTENSION SUPERVISOR (Print)

SUPERVISOR SIGNATURE

DATE

PARENT/GUARDIAN (Print)

PARENT/GUARDIAN SIGNATURE

DATE

(NOTE: This line must be signed for volunteers under 18 years old.)



2022 Youth Camp Registration Form July 15-17



W. E. Skelton 4-H Educational Conference Center at Smith Mountain Lake
775 Hermitage Road · Wirtz, Virginia · 24184

Registration forms, all completed paperwork, and payment of \$165 per person are due by June 15, 2022

Name _____ Date of Birth _____ Male ☐ Female ☐

Mailing Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Preferred Badge Name _____

T-Shirt Size (adult sizes, circle the size you need)

Small Medium Large XL

XXL 3XL Other _____

I am registering as (circle one option on each line)

Ruritan Member	Yes	No
Non-Ruritan Member	Yes	No
Adult Chaperone	Yes	No
Youth Camper	Yes	No
1 st Time Attendee	Yes	No

Parent/Guardian Name (please print) _____

Parent/Guardian signature _____

Parent Email _____

Send Registration Packet Via: (Mark 1 Option Below)

☐ Mail ☐ Email

Payment Information:

☐ Check # _____

☐ Visa/Mastercard

Card Number: _____

Expiration Date: _____ 3 or 4 Digit Code on back _____

Full Registration Packet is available online at <http://www.ruritan.org>