



American Legion Auxiliary

Nevada Girls State



University of Nevada, Reno

Welcome to

American Legion Auxiliary

NEVADA GIRLS STATE

This packet contains:

- Participation Understanding
- Liability Waiver and Release of Claims Form
- Medical History and Insurance Coverage
- Transportation Policy
- Media Release
- Code of Conduct

NOTE: All forms must be completed in full and signed by a parent or guardian, as well as the delegate, where indicated. **Failure to complete or sign the forms will result in the delegate being unable to participate in or attend Nevada Girls State.**

All forms are retained for five (5) years and then destroyed, excluding health insurance information, which is destroyed immediately following the close of our session.

ORIGINAL FORMS ARE REQUIRED!

Please MAIL these forms no later than June 1st to:

Nevada Girls State
4030 Bobolink Cir.
Reno, NV 89508

**Please DON'T send any packets
Signature Confirmation Required**

If you have any questions or concerns, please feel free to contact us at:

- (775) 513-4681
- NevadaGirlsState@gmail.com

A program of the American Legion Auxiliary
with additional support by the University of Nevada, Reno

PARTICIPATION UNDERSTANDING

(PLEASE TYPE OR PRINT)

TO THE DELEGATE:

I understand that, by registering to be a delegate to Nevada Girls State:

- People are expecting and planning on my attendance (as a delegate);
- I am expected to be present for every portion of the Nevada Girls State program and will remain for its entirety;
- This is an Americanism program, and it is a study of City, County, and State governments;
- The views and opinions presented by Guest Speakers are entirely their own and do not necessarily represent the views of the American Legion Auxiliary or its members, or the staff of Nevada Girls State;
- The views and opinions expressed by Guest Speakers may be contrary to and therefore may challenge my own views and opinions;
- I am expected to show respect to all Guest Speakers, though I don't have to accept the views or opinions they express;
- I will be participating in a fast-paced academic program; and
- Nevada Girls State is what I choose to make it.

Signature of Delegate

Date

Print Name of Delegate

TO THE PARENT OR GUARDIAN:

I understand that, by registering to be a delegate to Nevada Girls State:

- People are expecting and planning on my daughter's attendance (as a delegate);
- My daughter is expected to be present for every portion of the Nevada Girls State program and will remain for its entirety;
- This is an Americanism program, and it is a study of City, County, and State governments;
- The views and opinions presented by Guest Speakers are entirely their own and do not necessarily represent the views of the American Legion Auxiliary or its members, or the staff of Nevada Girls State;
- The views and opinions expressed by Guest Speakers may be contrary to and therefore may challenge my daughter's views and opinions;
- My daughter is expected to show respect to all Guest Speakers, though she doesn't have to accept the views or opinions they express;
- My daughter will be participating in a fast-paced academic program; and
- Nevada Girls State is what my daughter chooses to make it.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

LIABILITY WAIVER AND RELEASE OF CLAIMS

TO THE DELEGATE:

I, _____, am a delegate in the American Legion Auxiliary Nevada Girls State program. I acknowledge that by signing this document I am agreeing to indemnify, not to sue, and release from liability the American Legion Auxiliary, Department of Nevada, and Nevada Girls State, Inc. program and their officers, directors, counselors, agents, employees, volunteers, sponsors and affiliates (collectively “Nevada Girls State,”) and that I am giving up substantial legal rights. This Liability Waiver and Release of Claims is a contract with legal and binding consequences. I have read it carefully before signing. I do hereby expressly waive any and all claims or causes of action which I may have or might have against Nevada Girls State, Inc. on account of any accident or injury or other damage, including property damage, that may be incurred or incident to any activities in relation to the Nevada Girls State program. Nevada Girls State does not assume liability for any girl while she is attending the Nevada Girls State program.

Signature of Delegate

Date

Print Name of Delegate

TO THE PARENT OR GUARDIAN:

I am the parent or guardian of _____, a delegate at the Nevada Girls State program. I have read and understand the above Liability Waiver and Release of Claims in consideration of allowing my daughter to participate. I consent to the Liability Waiver and Release of Claims and agree that its terms shall likewise bind me, my daughter, my heirs, legal representatives, and assignees. I hereby release and waive any and all claims or causes of action which I or my daughter may have and shall defend, indemnify and hold harmless the American Legion Auxiliary and Nevada Girls State program from every claim and any liability that I or my daughter may allege against the American Legion Auxiliary, Department of Nevada, and Nevada Girls State program and their officers, directors, counselors, agents, employees, volunteers, sponsors and affiliates (collectively “Nevada Girls State”) (including reasonable legal fees and costs) on account of any accident or injury or nay other damage, including property damage, that may be incurred or incident to any activities in relation to said organizations or their representatives. I promise not to sue Nevada Girls State on my behalf or on my daughter’s behalf regarding any claim arising from my daughter’s participation in the program. Nevada Girls State does not assume liability for any girl while she is attending the Girls State program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

NOTICE OF MANDATORY REPORTERS

Delegate's Name _____

Our program is working with the understanding that as people working with a youth program we are one of many groups required to report known or reasonable suspicion of abuse and/or neglect of children in their care. According to Nevada Revised Statute 432B.220, reports of suspected abuse must be made within 24 hours of becoming aware of such a concern.

CONSENT TO MEDICAL TREATMENT

The facilities at the University of Nevada, Reno's 4-H Camp are such that there is a moderate amount of walking and physical activity at high altitude in the course of the day. It is necessary that each delegate be in good physical condition to be able to participate in this program. Accidents and/or illness may occur that require medical attention, although every precaution is taken to avoid such accidents and illness. A Medical Release is required in the event that a delegate becomes ill or is injured and requires medical treatment. This Consent to Medical Treatment allows the Nevada Girls State Director and other adult staff members to seek medical treatment or hospitalization for a delegate should the need arise.

This is to certify that I, the undersigned parent or guardian of _____ do consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital service as ordered or recommended by a physician or surgeon licensed to practice in the State of Nevada, including the administration of anesthetic, laboratory testing, medical or surgical treatment, x-rays or other hospital or medical services.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

MEDICAL HISTORY AND INSURANCE COVERAGE

Delegate's Name: _____
Last First Middle

Date of Birth (mm/dd/yyyy): _____

Address: _____
Number/Street City State Zip Code

Parent/Guardian Name Home Phone Work Phone

Primary Care Physician: _____
Name Phone Number

Is your daughter taking any prescription medication? Yes No

If yes, please list medications, dosage, and reason for medication: _____

Nevada Girls State has permission to administer over-the-counter medications to my daughter. Yes No
Exceptions: _____

Is your daughter generally in good health? Yes No

General Health:

Has your daughter had any of the following illnesses or conditions? Indicate **Y** or **N** for each.

_____ Asthma	_____ Measles	_____ Scarlet Fever	_____ Mumps
_____ Chicken Pox	_____ Small Pox	_____ Diphtheria	_____ Pneumonia
_____ Diabetes	_____ Heart Defect	_____ Hypertension	_____ Epilepsy
_____ Bleed Disorders	_____ Seizures	_____ Frequent Ear Infections	
_____ Special dietary needs (specify) _____			

Has your daughter been exposed to any contagious or infections diseases in the last three (3) weeks?

Yes (specify) _____ No _____

(If your daughter is exposed to any contagious or infections diseases within three (3) weeks of Nevada Girls State, please contact to program to update this record.)

Allergies:

_____ Penicillin _____ Aspirin _____ Hay Fever _____ Bee/Insect/Spider Bite
_____ Food allergies (specify) _____
_____ Other (specify) _____

TRANSPORTATION POLICY

Delegate's Name _____

Chartered buses will be provided for those delegates living in Las Vegas, Beatty, Tonopah and other areas along the bus route that are pre-approved by the Director. For anyone getting on the bus south of Silver Springs (including Henderson, Indian Springs, US 95 - NV 160 Junction, Beatty, Tonopah, and Hawthorne), there is a **\$75 Transportation Fee**. Please see the Transportation Information document on our website for approximate times of departure and stops. It is the parent's/guardian's responsibility to be at the designated pick-up/drop-off location at the approximate time of arrival. Upon completion of the session, the individual(s) picking up a delegate will be required to produce identification for the staff.

If the delegate is driving a vehicle to the UNR 4-H Camp, they will be required to surrender their car keys to the Girls State Director upon arrival and the keys will not be returned until the end of the session.

If your daughter will be picked up, **only the individual(s) listed below** will be allowed to pick her up. If the individual picking up the delegate is not listed below, or the Girls State Director has not received written notice from the parent or guardian allowing the delegate to leave with the individual, the delegate will NOT be allowed to leave with said individual.

Though generally not permitted, if your daughter is flying into Reno for the session, special permission from the Director is required and all transportation arrangements (flight, shuttle up to Stateline, return flight and shuttle to the airport) are the responsibility of the delegate's parents/guardians.

My daughter will arrive by **(please check one)**:

_____ Chartered bus - dropped off by: (name) _____

Please select where your daughter will meet the bus:

- | | |
|--|---|
| _____ Henderson (425 E. Van Wagenen St.) | _____ Tonopah (Burger King) |
| _____ N. Las Vegas (specific location TBA) | _____ Hawthorne (Golden Gate Gas Station) |
| _____ US 95 - NV 160 Junction | _____ Silver Springs |
| _____ Beatty (Edie World) | _____ Carson City (Kohl's) |

_____ Driving herself (make, model, & license plate # of vehicle _____)

_____ Dropped off at the camp by: (name) _____

**Special Note: All delegates must meet the buses somewhere! If your daughter is driving herself or is being dropped off, she MUST meet the buses in Carson City. Please see the Transportation Information document on our website for approximate arrival times for each location.*

My daughter will depart by **(please check one)**:

_____ Chartered bus - picked up by: (name) _____

It is assumed that your daughter will be picked up at the same location as she was dropped off. Please contact us if this is the case NevadaGirlState@gmail.com or 775-513-4681

_____ Driving herself

_____ Picked up by: (name) _____

I agree with the above travel arrangements, including the people I have listed as dropping off or picking up my daughter.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

