

# NACAA 2022 Participation Form for Youth and Adults

**Directions:** This form, along with the NACAA 2022/AM/PIC Registration Form, must be completed by a parent or legal guardian for a youth participant. Adult participants must also complete this form to volunteer with and/or participate.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Youth's Age (As of 7/17/22): \_\_\_\_\_

Choose Gender:  Male  Female  Gender Identity Not Listed  Prefer Not to Respond

Home Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Parent/Guardian or Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## HEALTH FORM

**Please provide relevant information for all "Yes" responses. Reporting conditions will not prevent a person from participating.**

Does the participant have any special dietary restrictions or requirements?  Yes  No \_\_\_\_\_

Does the participant have any airborne food allergies?  Yes  No \_\_\_\_\_

Does the participant have any ingested food allergies?  Yes  No \_\_\_\_\_

Does the participant have any non-food allergies?  Yes  No \_\_\_\_\_

Does the participant have any health needs or recent medical issues, injuries and/or surgeries?  Yes  No \_\_\_\_\_

Does the participant use an inhaler and/or an EpiPen?  Yes  No If yes, mark which is used:  Inhaler  EpiPen

Do any specific activities need to be restricted for the participant?  Yes  No \_\_\_\_\_

Does the participant require accommodations for a disability and/or a special need to participate in AM/PIC programs? Please provide information about accommodations needed.  Yes  No \_\_\_\_\_

Are there any other health related comments you would like to share?  Yes  No \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Date Tetanus Vaccination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## MEDICAL CONSENTS

First Aid Consent: I give NACAA/FACAA organizers my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any NACAA AM/PIC activity. I understand that if a medical emergency arises, NACAA organizers will contact emergency medical personnel [911] for assistance. \*

Medication Consent: I authorize NACAA/FACAA organizers to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging I have provided. I understand that if my child needs medication to be administered while attending a AM/PIC activity.

Yes  No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. \*

**Parent/Guardian or Adult Participant Signature** \_\_\_\_\_

## NACAA Participation Form for Youth and Adults: Authorizations/Consents

**Code of Conduct for Youth and Adults:** As a participant in the NACAA AM/PIC, I have the responsibility of representing the NACAA to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and NACAA. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Abide by any special rules for a NACAA event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, e-cigarettes or vaping devices, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a NACAA function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited in accordance with Florida law, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in NACAA functions. Be in the assigned program areas (example - programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each NACAA function.
- (9) Use of any mobile electronic device during a scheduled NACAA activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by NACAA/FACAA staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

**Youth or Adult Agreement:** \_\_\_\_\_ (Initials)  Yes  No **I have read the Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a NACAA event.\*\***

**Parent/Guardian Agreement:** \_\_\_\_\_ (Initials)  Yes  No **I understand and agree to the Code of Conduct above.\*\***

**General Release:** In consideration for my and/or my child's participation in the NACAA AM/PIC, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE NACAA, the FACAA, UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a NACAA activity or while in, on or upon the premises where a NACAA activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in NACAA activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

\_\_\_\_\_ (Initials)  Yes  No **I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. \*\***

**Transportation Policy:** I understand that all volunteers and/or parents, faculty and staff who transport NACAA AM/PIC participants as a part of any NACAA activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws.

\_\_\_\_\_ (Initials)  Yes  No **I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. \*\***

**Publicity Release:** I authorize NACAA/FACAA or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of NACAA/FACAA.

\_\_\_\_\_ (Initials)  Yes  No **I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant \*\*\***

**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. person age 18 or older, other volunteer, parent/ guardian, site manager, etc.) and/or give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and/or I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the NACAA program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

\_\_\_\_\_ (Initials)  Yes  No **I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult (age 18 or older) Participant \*\*\***

\*\*Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in NACAA activities. \*\*\*Consent is not required to participate in NACAA activities.

**Youth or Adult Participant Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_