UNIVERSITY OF NEBRASKA OMAHA

Youth Activity Safety Policy: Parent/Guardian Information Form

Name of Youth Activity: _____________________
Date(s) of Youth Activity: ____________________

The University of Nebraska at Omaha has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, camps, clinics or conferences.

Our policy includes safe interaction guidelines including sex offender registry checks for all camp/clinic workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe environment for participants. Key provisions include:

1. All camp/clinic workers must successfully pass a sex offender registry search for Nebraska and the state(s) in which they reside.
2. All workers driving activity vehicles must successfully pass a Driving Record Check.
3. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
4. All UNO activities will comply with UNO’s Youth Activity Safety Policy and Activity Worker Guidelines.
5. As parent(s) or legal guardian(s), we:
   *Give permission to this University of Nebraska Omaha camp/clinic to use photos of our child in promotional media controlled by the University, □ Initials ________
   *DO NOT give permission to this University of Nebraska Omaha camp/clinic to use photos of our child in promotional media controlled by the University, □ Initials ________
6. The activity directors of University-sponsored activities, camps and clinics reserve the right to immediately dismiss any youth from the activity, camp or clinic for disruptive or endangering behavior.

Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth’s dismissal.

Camp Participant: __________________________________________________________________
________________________________________________________________________________________

_________________________________________  ____________________________  ____________________________  __________
Parent or Guardian’s Printed Name           Signature             Phone Number        Date