

BEAVER COUNTY SPORTSMEN'S CONSERVATION CAMP June 21 to June 27, 2026

Camper Application Form

Campers ages 13-15

All applicants must be at least 13 years old on arrival date.

Questions about application: Contact Tonya Cable at 724-494-6465

Return application to BCSCCL: PO Box 276, Beaver, PA 15009 or info@bcsclyf.com

Camper Name _____ Grade in Sept 2026 _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone# _____ Birth Date _____ Age when attending camp _____
School Attended _____ County _____
T-shirt Size (Adult Sizes): ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large **Past Camper:** ___yes ___no

Parent and Emergency Contact Information

(Please list 3 separate contacts)

Parent/Guardian _____
Relationship to camper _____
Daytime phone# _____
Cell phone# _____
Email _____

Parent/Guardian _____
Relationship to camper _____
Daytime phone# _____
Cell phone# _____

Emergency contact _____
Relationship to camper _____
Daytime phone# _____

Camper Information

Have you completed the PA Hunter-Trapper Education Class?

No ___ Yes ___ When? _____

Have you completed the PA Boating Safety Education Course?

No ___ Yes ___ When? _____

Swimming Skill Level:

Non swimmer ___ Beginner Swimmer ___ Swimmer ___

PA Hunter-Trapper Education

Campers are required to successfully complete the PA Hunter-Trapper Education course PRIOR to the start of camp. The complete list of available courses is available at the PGC website:

<http://www.pgc.pa.gov/HuntTrap/Hunter-TrapperEducation/Pages/default.aspx>

A class is scheduled at Aliquippa Bucktails on Saturday, May 30. Must register on the PGC website to attend this class.

Camper & Parent Informational Meeting

Please join us for an informational meeting to meet the staff and answer any questions you may have! New campers are strongly recommended to attend.

Meeting will be held at

**Aliquippa Bucktails Sportsmen's Club
2564 Brodhead Road, Aliquippa**

May 17, 2026 at 6:00-8:00 pm

**Beaver County Sportmen's Conversation
Camp is \$250.00**

**Scholarships available contact Tonya at
724-494-6465**

Most important, submit your application first, payment can then follow. Remember scholarships are available to you. Your camp journey includes daily meals, plus snacks, any program supplies and equipment, program fees, and Beaver County Sportsmen's Conservation Camp T-shirts. Full payment is required with each application to reserve a spot at camp.

Make all checks payable to: BCSCCL

Mail to: BCSCCL

PO Box 276, Beaver, PA 15009

Do not send applications to your sportsmen's club or to the league. In order to adequately purchase supplies needed for the campers, a full refund of \$250.00 will be permitted until May 21, 2026 if the camper is withdrawn from camp. After this date, NO REFUND will be given if a camper is withdrawn from camp.

CABIN MATES

Due to numerous complications with multiple cabin requests, we limit your request to ONE cabin mate request. While we will do our best to accommodate cabin mates, requests are not guaranteed.

Mate's Name _____

For cabin mate requests, please ensure that both campers indicate each other as a Cabin Mate on their applications.

Approved campers will receive an informational welcome letter from the Beaver County Sportmen's Conservation League Youth Foundation. For more information or additional applications, visit our website at BCSCLYF.com

Health History

Beaver County Sportsmen's Conservation Camp is required to have a current health history and a medical emergency authorization on file for each participant. The following information is requested for the benefit of the participant and will be handled confidentially. It will be reviewed by the camp directors, camp nurse, and emergency personnel only. Please answer the questions and sign the authorization below. Beaver County Sportsmen's Conservation Camp reserves the right to require a physician's release prior to participation in the program.

Physician _____

Phone (____) _____

Does the participant:	Yes	No
Have any food or environmental allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Have all required immunizations up to date?	<input type="checkbox"/>	<input type="checkbox"/>
Take any medications (prescription or otherwise)?	<input type="checkbox"/>	<input type="checkbox"/>
Have any allergies or reactions to medications?	<input type="checkbox"/>	<input type="checkbox"/>
Have your permission for Beaver County Sportsmen's Conservation Camp staff to dispense non-prescription medications in the event they are required?	<input type="checkbox"/>	<input type="checkbox"/>
Have any heart or respiratory disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have epilepsy, convulsions or paralysis?	<input type="checkbox"/>	<input type="checkbox"/>
Have diabetes? Use insulin?	<input type="checkbox"/>	<input type="checkbox"/>
Have any recurring or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>
Have a record of any serious injuries, operations or past medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have any current diseases or injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Have any dietary restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
Have any physical or medical disabilities, handicaps, or any other restrictions on normal camp activities?	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of psychiatric counseling or hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
Have any behavioral concerns we should be made aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Have health/accidental insurance?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, then provide:

Insurance Co. _____

Policy/Group# _____

If you answered "yes" to any of the above questions, please explain (attach a separate sheet if necessary):

Participant Medical Release

The previous stated health history is correct to the best of my knowledge, and the person therein described has permission to engage in all scheduled activities, except as noted on this form or its attachments. If medical treatment is warranted in the discretion of Beaver County Sportsmen's Conservation Camp staff, or if surgical care is recommended by a physician selected by Beaver County Sportsmen's Conservation Camp staff, then I give permission to authorize treatment for the participant identified above. (All efforts to notify the parent, guardian, or contact person will be made first).

X _____ Date _____
(Participant, parent, or legal guardian)

Participant Release

While at Beaver County Sportsmen's Conservation Camp, counselors may be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require the complete attention and responsibility of the camper (listed above), either individually or as part of a group. Many of these activities involve inherent risks including possible serious personal injury, or property damage.

By signing below, on behalf of the above named camper, I agree to waive, release and discharge any and all claims for damages for personal injury, death, or property damage which the camper may have or which may hereafter accrue to the camper as a result of participation at Beaver County Sportsmen's Conservation Camp.

Furthermore, I acknowledge that my child will be sent home for violating camp rules prohibiting fighting, bullying, foul language, having a cell phone, etc.

A signature is required for a reservation and to participate at Beaver County Sportsmen's Conservation Camp. Please sign the photo release line below so that photos can be used for future camp posters.

X _____ Date _____
(Participant, parent, or legal guardian)

X _____ Date _____
(Photo Release)

Transportation Release

I, _____ (parent/guardian) understand that several field trips are included in the educational programming of the Beaver County Sportsmen's Conservation Camp, and I give my permission for _____ (camper)

to be transported by a licensed busing company within a 25 mile radius of Raccoon Creek State Park.

X _____ Date _____
(Participant, parent, or legal guardian)

Important:

Campers are not allowed to leave Camp during the week. Please take this into account when scheduling your child. All signature lines must be signed in order for your child to be eligible for camp.

