



For Office Use Only:
Group: _____
Dorm: _____
Paid: _____
Sponsorship: _____

October 4-7, 2018
Lake and Trails Outdoor Education Fall Camp
FFA Camp Muskingum

General Information- please print and fill out completely
One form per participant – Youth and Adult on separate forms
Camp for Youth ages 10-17 (All youth must be 10 y/o – prior to October 1, 2018)
Copy of birth certificate is required for all 1st year applicants
Check in begins at 7pm on Thursday Oct 4
Program Friday Oct 5th at 6:45 am thru Sunday Oct. 7th at 11 am

Name _____
 Male _____ Female _____ Age _____ Birth date ___/___/___
 Address _____ Phone _____
 City _____ State _____ Zip _____ County _____
 Email address _____
 First year youth last 4 digits SS Number _____ (for Hunters Education Registration)
 Attending as a: Youth _____ Adult _____
 Handicapped: Yes _____ No _____ Special needs _____

Youth Section

- Check one: _____ 1st Year- Need Hunter's Safety Course
 _____ 1st year already have Hunter's Safety Course- see below
 _____ 2nd Year- attended another camp- see below
 _____ 3rd Year- attended another camp- see below
 _____ 4th Year- attended another camp- see below
 _____ Interested in being an Assistant Instructor-see instructor form

*If you have attended another program, please give the name of the program and number of years attended. _____

*If you have completed your Hunter's Safety Course, give State and year Completed: _____
 Adult Name attending with: _____
 Sponsoring Club: _____
 Other Youth attending with: _____

Adult Section

*I am an adult and am bringing these youth to camp:
 *An adult may bring up to 3 youth

1. _____
2. _____
3. _____

Registration Fees

_____ I am enclosing \$130 for youth under 18yr old for program registration
 _____ I am enclosing \$140 for adult for program registration
 _____ My Club is the Sponsoring Organization and is paying for my participation
 Club name and contact person: _____
 _____ My Club is paying a portion of registration and I am responsible for _____



Medical Information

_____ Mother's Name or Legal Guardian	_____ home phone	_____ cell phone
_____ Father's Name or Legal Guardian	_____ home phone	_____ cell phone
Family Doctor _____ phone _____		
In case of emergency, notify: _____		
Insurance Information: _____ (carrier)		
Policy # _____	Name of Insured _____	

Participant Release- Must be filled out and signed by Parent

I give my permission for (youth name) _____ to attend Lake and Trails Youth Outdoor Camp and to be subject to the rules and guidelines set for by the FFA Camp Muskingum and Lake and Trails Organization. I give my permission for the above youth to participate in any planned activities under the supervision of Volunteers, Certified Instructors, ODNR Officers, and Lake and Trails Organization Committee Members. **I also understand that the Committee may dismiss my child from the camp if, in their opinion, his/her conduct or influence is not in the best interest of the entire group.** I will not hold FFA Camp Muskingum or Lake and Trails Organization responsible or liable for accidents, which may occur to the camper while on camp premises, or for the loss of personal articles brought to the camp. I also give my permission for the use of any photo of the above named to be used for program public relations, without compensation or consideration in any form.

I understand that my child's participation in programs offered by Lake and Trails Organization include both classroom and hands on teaching techniques, which include but are not limited to: rifle, air rifle, archery, shotgun, muzzle loaders, pistol, canoeing, kayaking, row boats and motor boats. I realize that my child's participation is purely voluntary.

Please describe any activities that you Do Not give your child permission to participate in:

I hereby give permission for emergency treatment of my child in case of accident or illness, and for normal treatment during the program. I realize that Lake and Trails Organization will make every effort to contact, first the adult present and then the legal guardians, followed by the person to notify I case of emergency. I understand that the accompanying adult present with your child will be responsible for his/her conduct and will accompany them to the hospital if necessary. I give permission to _____ (accompanying adult) to authorize medical personnel to order routine tests, x-rays, treatment; to release any insurance and medical information, and arrange necessary transportation. I also give permission to the physician selected by the assigned member to secure and administer treatment, including hospitalization for the above named person.

If my child is injured while at camp or traveling to and from Lake and Trails Organization Youth Outdoor Camp, my family and myself waive any legal claim against Lake and Trails Organization, its Committee Members, certified instructors or volunteers,

I understand that by signing below, I have read and understand the above statements:

_____ Signature	_____ relationship	_____ date
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Lake and Trails Organization Code of Conduct/ Camp Rules

Please read the following **Code of Conduct/ Camp Rules**. If you agree with and are willing to comply with all of the expectations of **the Code of Conduct/ Camp Rules** and Lake and Trails Organization Youth Outdoor Camp, please sign below.

Accompanying Adult: Please read the following **Code of Conduct/ Camp Rules**. Please sign the bottom of this form to show your intent to support the implementation of this **Code of Conduct/ Camp Rules** in regards to your youth at camp.

- I will be expected to participate in all aspects of the camp program and to follow the daily camp schedule.
- Smoking is prohibited in all buildings and by anyone less than 18 years of age.
- Alcohol is prohibited in the camp during camp programs.
- Possession of recreational/ illegal drugs and dispensing of prescription drugs without proper authorization will result in immediate expulsion.
- If a youth is expelled from the program, the accompanying adult and other youth under that adult must also leave the program, or arrangements must be made for a parent to come and pick up the youth expelled immediately.
- I am personally responsible for the equipment I use from the camp, and will pay for damaged or lost equipment.
- I will conduct myself with respect towards other campers, instructors, staff, so that I may also be respected.
- Swimming will be prohibited during camp program.
- Personal firearms or ammunition are not allowed in the camp without authorization from Lake and Trails Committee.
- All vehicles must be parked in designated areas. **Only authorized Instructors, Committee Members and Camp personnel may use golf carts and ATV vehicles.**
- No unauthorized pets may be brought to camp.
- Electronic games, CD players, Radios... are not permitted in the Dorms and should not be brought to camp. Lake and Trails Organization is not responsible for lost or stolen items.
- All youth must stay in dormitories and have an accompanying adult responsible for them.
- All youth less than 18 yrs old must be in their dormitories by 10:30 pm. Lights out for all youth is at 11:00pm.
- Only registered guests of the program, invited guests or instructors are permitted in camp during the program. If you are a parent who would like to come down and see your child during the program, you must check in with camp staff or Committee Members upon arrival at the camp.
- Youths and sponsors must wear their wrist bands at all times.
- No food in the Dormitories for any reason.
- Youth and Parents will stay for the entire Program, unless previously discussed with Committee.
- Refunds will be made 4 weeks prior to camp, no refunds will be given at camp or for expelled individuals.

I, _____ have read and understand the Code of Conduct/ Camp Rules. I agree to abide by it.

Signature of youth

Date

Signature of Parent/ Guardian

Date



Lake and Trails Organization Instructor Form

Instructor Section

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Shirt needed? Please indicate size _____

Range or Clinic instructing: _____

In the event of an emergency please notify: _____ phone: _____

Check One:

_____ I will be attending entire program and staying in camp facilities

_____ I will be attending a portion of program and will not be staying in camp facilities

For those staying in Camp Facilities, instructor fee of \$60 must be sent in with this form.

- As an instructor I agree to abide by the Rules of Conduct as set by the Lake and Trails committee and Camp rules

Signature

Assisting Instructors- Youth Section

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Preference on Range _____

Lake and Trails Committee will assign all Assistant Instructors to their specific range assignments.

- All Assistant Instructors will assist with evening Clinics and abide by the Code of Conduct/ Camp Rules.
- All Assistant instructors will sign Code of Conduct/ Camp Rules, including Parent/ Guardian signature. Also include Medical information and Participant Release.
- Fees for Assistant Instructors is same as for Youth amount of \$120 under 18 yrs old and \$130 over 18 yrs old and must accompany these forms.

Mail Registration forms and Money to:

Lake and Trails Organization
319 W Highland Rd
Northfield, OH 44067

QUESTIONS:

- Email: Ellen Bertel ebertel@windstream.net