

BEAVER COUNTY SPORTSMEN'S CONSERVATION CAMP

JUNE 18 to JUNE 24 2017

Camper Application Form

Campers ages 12-15

Application deadline May 21, 2017

All applicants must be at least 12 years old on arrival date.

Camper Name _____ Grade in Sept 2017 _____ 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

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? _____
Are you a: 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 are available at the PAGC website:

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

Although campers may attend any available course, on June 4, 2017, a course will be held for campers who still need to take the course. The course will be hosted by Aliquippa Bucktails and is from 9 am until 4 pm (Lunch will be provided)

OPTIONAL 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.

The meeting will be held at Aliquippa Bucktails Sportsmen's Club, 2564 Brodhead Road

May 21, 2017 at 7:00 pm

BEAVER COUNTY SPORTSMEN'S CONSERVATION CAMP FEES

The camp fee is **\$150.00**

This includes 3 meals a day plus snacks, any program supplies and equipment, program fees, and 3 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: **BCSCL**

Mail to: **Breanna Edmiston**

317 Sassafras Trail, Moon Twp. PA 15108

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 \$150.00 will be permitted until May 21, 2017 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 _____

Please make sure campers are requesting one another on their applications to help ensure they will be in the same cabin.

CAMPERS WILL RECEIVE A WELCOME PACKET THROUGH THE MAIL UPON APPROVAL OF APPLICATION AND PAYMENT

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?

Have all required immunizations up to date?

Take any medications (prescription or otherwise)?

Have any allergies or reactions to medications?

Have your permission for Beaver County Sportsmen's Conservation Camp staff to dispense non-prescription

medications in the event they are required?

Have any heart or respiratory disease?

Have epilepsy, convulsions or paralysis?

Have diabetes? Use insulin?

Have any recurring or chronic illness?

Have a record of any serious injuries, operations or
past medical treatment?

Have any current diseases or injuries?

Have any dietary restrictions?

Have any physical or medical disabilities, handicaps,
or any other restrictions on normal

camp activities?

Have a history of psychiatric counseling or
hospitalization?

Have any behavioral concerns we should be
made aware of?

Have health/accidental insurance?

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 prescribed 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, campers 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, in 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, or having a cell phone.

A signature is required for a reservation and to participate at Beaver County Sportsmen's Conservation Camp.

X _____ Date _____
(Participant parent or legal guardian)

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.

