BEAVER COUNTY SPORTSMEN'S CONSERVATION CAMP

JUNE 19 to JUNE 25 2022

Camper Application Form

OPTIONAL CAMPER & PARENT

INFORMATIONAL MEETING

Application deadline June 10th, 2022 date.

Campers ages 13-15

All applicants must be at least 13 years old on arrival

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

| Camper Name | | | Gr | ade in Sept 201 | 9Sex: M | F |
|--|---|-------------|--|--|---|----------------|
| Address | | City | <u>- </u> | State | eZip |) |
| Home Phone#Bir | | rth Date_ | vateAge when attend | | attending camp_ | |
| School Attended | | | | County_ | | |
| T-shirt Size (Adult Sizes):S | mallMedium _ | Large | X-Large | XX-Large | Past Camper: _ | yesn |
| PARENT AND EMER INFORMATION(please | e list 3 separate contacts | | and answer ar | ny questions you trongly recomm vill be held at Al | ional meeting to n u may have! New nended to attend. iquippa Bucktails | campers are |
| Parent/Guardian | | | Ma | , . | rodhead Road | |
| Relationship to camper | | | | • | 2 at 6:00 p | |
| Daytime phone# | | | | | Y SPORTS | |
| Cell phone# | | | CONS | SERVATION NECESTRALIST CONTRACTOR NECESTRALIST CONTRAC | ON CAMP I | FEES |
| Email | | _ | | The camp fee | e is \$200.00 | |
| Parent/Guardian | | | | | y plus snacks, a | |
| Relationship to camper | | | | | orogram fees, an servation Camp | |
| Daytime phone# | | | | | - | |
| Cell phone# | | | Full payment is required with each application to reserve a spot at camp. | | | |
| Emergency contact | | | Mal | _ | ayable to: BCS 0 | \mathbf{CL} |
| Relationship to camper | | | | | na Edmiston | |
| Daytime phone# | | | | | Aliquippa, P A | |
| CAMPER INFORMATION Have you completed the PA Hunter-Trapper Educati Class? NoYesWhen? | | on | 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supplies needed for the campers, a full refund of \$200.00 will be permitted until June 5, 2022 if the camper is withdrawn from | | | |
| | | | | | ds will be subjec | |
| Have you completed the PA Bo | · · | | | | drawn from car | |
| Course? No Yes When? | | | CAMPERS WILL RECEIVE A WELCOME PACKET THROUGH THE MAIL UPON APPROVAL OF | | | |
| Are you a: Non swimmer | | | A | | AND PAYMENT | |
| Beginner Swimmer | _Swimmer | _ | Due to numero | | MATES as with multiple of | abin requests |
| 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: | | A | 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 | | | |
| http://www.pgc.pa.gov/ TrapperEducation/Pa An in person course has been June 4, 2022 at Pine Richland S | <u>HuntTrap/Hunter-ges/default.aspx</u> scheduled tentatively on portmen's Club. Please s | | application | s to help ensure the HEALTH | requesting one ano hey will be in the sa HISTORY | ame cabin. |
| website for addition | al information. | | beaver County | oportsinen s Co | nservation Camp | is required to |

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.

| 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 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 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# | ons, ary): | |

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