

BEAVER COUNTY SPORTSMEN'S CONSERVATION CAMP June 15 to June 21, 2025

Counselor Application Form

Sr. Counselor 18-20
Jr. Counselor 16-17

Return application to BCSCCL: PO Box 276, Beaver, PA 15009

Counselor Name _____ Grade in Sept 2025 _____ Sex: M _____ F _____
Address _____ City _____ State _____ Zip _____
Home Phone# _____ Birth Date _____ Age when attending camp _____
School Attended _____ County _____ **Past Camper:** __ yes __ no **Past Counselor:** __ yes __ no
T-shirt Size (Adult Sizes): __ Small __ Medium __ Large __ X-Large __ XX-Large

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# _____

Counselor 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

Counselors 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 May 31, 2025.
Must register on the PGC website to attend this class.**

Mandatory Counselor & Parent Meetings

Counselors are required to attend all of the informational meetings prior to camp. **If unable to attend you must notify the Camp Director to make other arrangements.**

Mandatory meetings will be held at

Aliquippa Bucktails Sportsmen's Club
2564 Brodhead Road, Aliquippa

April 6, 2025 at 6:00 pm

April 27, 2025 at 6:00 pm

Counselor Clearances

Counselors who are 18 years old or older by June 15, 2025. Counselors **MUST** complete a Pennsylvania State Background check and a Pennsylvania State Child Abuse clearance.

Please send copies of these forms as soon as possible to:

BCSCCL
PO Box 276, Beaver, PA
Beaver, PA 15009

Both forms can be completed online and are free for volunteers:

PA state background check:

<https://epatch.state.pa.us/Home.jsp>

PA state child abuse clearance form:

<https://www.compass.state.pa.us/cwis/public/home>



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 counselor (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 counselor, I agree to waive, release and discharge any and all claims for damages for personal injury, death, or property damage which the counselor may have or which may hereafter accrue to the counselor 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 _____ (counselor)

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:

Counselors are not allowed to leave Camp during the week. Please take this into account when signing up to be a counselor. All signature lines must be signed in order for counselors to be eligible for camp.

Counselor Arrival:

Saturday June 14, 2025 — 12:00 p.m.

Counselor Departure:

Saturday, June 21, 2025 — 12:00 p.m.

