



April 30, May 1 and 2, 2010
Lake and Trails- Youth Fishing 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: 9yr old and up
Check in begins at 12 noon on Friday April 30th
Program Friday April 30th at 1:30pm thru Sunday May 2nd at 12 noon
Registration closes April 15, 2010 or when camp full (200 youth)

Name _____
Male _____ Female _____ Age _____
Birth date ___/___/___
Address _____ Phone _____
City _____ State _____ Zip _____
Email address _____
Attending as a: Youth _____ Adult _____ Instructor _____

*Please fill in an email if you have one so we may email confirmation.

Youth Section (check one)

- 1st Year
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
*If you have attended another program with a similar curriculum,
Please give the name of the program and number of years attended.

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 (check one)

- I am enclosing \$75 for youth under 18yr old for program registration
I am enclosing \$85 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

<hr/> Mother's Name or Legal Guardian	<hr/> Home phone	<hr/> Cell phone
<hr/> Father's Name or Legal Guardian	<hr/> Home phone	<hr/> Cell phone
<hr/> Family Doctor	<hr/> Phone	<hr/>
<hr/> In case of emergency, notify:		
<hr/> Insurance Information:		
<hr/> Policy #	<hr/> Name of Insured	<hr/> (carrier)

Participant Release- Must be filled out and signed by Parent

I give my permission for (youth name) _____ to attend Lake and Trails Youth Fishing 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: Fishing, knot tying, lure making, bow fishing, pontoon boat fishing, bow fishing, casting techniques, 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 Fishing 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

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 Fishing 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.

Youth must wear their Badges at all times, on the outside of their clothing, clearly visible 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 _____

Clinic instructing: _____

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 \$30 must be sent in with this form.

Assisting Instructors- Youth Section

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Preference on Clinic _____

*Lake and Trails Committee will assign all Assistant Instructors to their specific clinic 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.

Youth Fee is \$75 under 18 yrs old, and the Adult Fee is \$85 for 18 years old and older.
Instructor Fee is \$30. All forms need to be completed and sent in.

Mail Registration forms and Money to:

Lake and Trails Organization
867 Shagbark Trail
Medina, Ohio 44256

Questions: Email: Karen@lakeandtrails.org
kmetzker@zoominternet.net