



2012 Michigan Youth Trout Camp Camper Application

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Date of Birth _____ Gender _____

E-mail Address (for further contact) _____

A complete application package consists of this five-page form, a one-page essay on why I want to attend camp, a letter of recommendation from a teacher, clergyman, or member of a conservation group and a copy of both sides of the health insurance card that covers me. The camp fee of \$350 does not have to be included at this time.

I understand that my complete application package must be received by May 31, 2012 and that only complete applications will be considered for attendance. I certify that I have read the camp rules and agree to abide by them.

(Signature of Camper)

(Date signed)

Parent/Guardian Consent

I, _____, am the parental/legal guardian of _____
(Parent/Guardians name) (Camper name)

I hereby consent to his/her participation in the Michigan TU Youth Trout Camp sponsored by the Kalamazoo Valley Chapter of Trout Unlimited. In determining whether to allow him/her to participate, I recognize that Trout Unlimited cannot be held responsible for him/her in the event of injury while participating in the "Camp". I also realize that participation can involve risk of serious physical injury or death and agree, on his/her behalf, to assume risks.

I agree to release and indemnify the Kalamazoo Valley Chapter of Trout Unlimited and the Michigan Youth Trout Camp, its officers, trustees, directors, employees, agents and staff from and against any and all claims, demands and judgment arising from injuries, damages or theft in connection with his/her participation.

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Boat Trip Consent: This year's camp experience will include a float trip with a guide, as well as a canoe trip down the AuSable River. In addition to the above general consent, I specifically consent to allow _____ to participate in these activities.
(Camper Name)

Please circle: Yes / No _____
(Parent/Guardian Initials)

Photograph Release Consent: I hereby grant permission to use my son/daughter's photograph in any official publicity pieces. Publicity pieces include (but are not limited to) news releases, publications, videos and web use.

Medication(s)

_____ is under the care of _____
(Camper Name) (Physicians Name)

The physician can be reached at Telephone Number _____, if necessary to replace lost or misplaced medication. **Please List any medications on the back of this form and the amount and schedule the student is to follow, even if the student knows the amounts and schedule to follow.**

I agree that any prescribed medication for concentration and/or behavior used during my son/daughter's regular school year will be continued for Camp, and brought to the attention of the Staff.

(Parent/Guardians Signature) (Date Signed)

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Parent's Cell Phone () _____

If not available in an emergency, notify

Home Phone () _____ Business Phone () _____

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Insurance and Medical Information

NO STUDENT WILL BE ACCEPTED AS A PARTICIPANT WITHOUT HEALTH INSURANCE OR OFFICIAL PROOF OF MEDICAID

I understand the Michigan TU Trout Camp has no health or accident insurance on participants.

(You must attach a copy of both sides of your health insurance card.)

Name of Insurance Co.: _____

Name of Policy: _____

Policy or Group Number: _____

Address _____

City, _____ State _____ Zip _____

Phone () _____

IMMUNIZATION RECORD MAY BE COMPLETED BY PARENT OR PHYSICIAN

Please send a copy of the immunization record or complete below; listing the last date vaccine was given.

DTP/DPTA _____ Tetanus _____

MMR _____ Polio _____

Hepatitis B _____



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Health History

Allergies to Drugs _____

Any other known allergies _____

Recent exposure to contagious disease yes _____ no _____

If yes, name disease and date _____

List serious or chronic illnesses that the child has ever had and operations or serious injuries.

Health history - Does your child have any of the following? For all yes answers please mark "x" in the box and explain in the space provided, include your usual method of treatment and have your child bring to the camp the medication required

High blood pressure sleepwalking frequent sore throats seizures

Stomach upsets asthma bronchitis fainting spells ear problems

Skin rashes/problems diabetes fainting spells athlete's foot

Hayfever/sinus problems reactions to insect bites/stings/poisonous plants

Other _____

List medicines taken daily/dosages: _____

Describe any other health conditions requiring treatment or restrictions: _____

Which of the following has your child had? Measles Chicken pox German measles

Mumps Hepatitis

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Medical Treatment Release

(Camper Name)

In case of accident or serious illness, the Camp Director or designate will contact the parent or guardian using the information provided in the application form.

If the Camp Director is unable to reach the parent or guardian, the Camp Director is authorized to call the physician indicated and to follow his/her instructions.

If it is impossible to contact the physician, the Camp Director may make necessary arrangements for medical treatment.

I give permission for the Camp Director or designate to administer the listed over the counter medications according to boxed directions:

Calamine lotion
SPF 30

Antibiotic cream
Tylenol

Benadryl lotion
Ibuprofen

Hydrogen peroxide

(Parent/Guardians Signature)

(Date Signed)

AUTHORIZATION FOR TREATMENT:

I, as parent or guardian of the child named above, hereby give permission to the medical or dental personnel selected by the camp to order X-rays, routine tests, treatment for the participant and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. The completed forms maybe photocopied for trips outside of the camp. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided. I also give permission to the camp nurse to administer over the counter medications and physician ordered medication in cases deemed necessary by the camp medical staff and the Michigan TU Trout Camp Director.

(Parent/Guardians Signature)

(Date Signed)

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