

2017 Michigan Youth Trout Camp Camper Application

Camper's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Date of Birth _____ M/F _____
E-mail Address _____

A complete application package consists of checklist and seven forms, 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 you**.

The camp fee of \$350 does not have to be included at this time.
Financial assistance may be available.

Would you like to be considered for financial assistance? Yes. No

I understand that my complete application package must be received by May 31, 2017, 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.

Camper's signature _____ Date / /

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Parent/Guardian Consent

I, _____ am the parent or legal guardian
of _____ (Camper's name)

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

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

Parent/Guardian Signature: _____ Date: / /

Boat Trip Consent: This year's camp experience may include a float trip, with a guide, on the Au Sable River, as well as a canoe trip. In addition to the above general consent, I specifically **grant/deny** (circle one)

_____ (Camper's name) permission to participate in these activities.

Parent/Guardian Initials: _____

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Primary Physician/Medication/Emergency Contact

Camper: _____ is under the care of
Physician: _____ (Print)
Physician's Telephone Number: () _____
Physician's Emergency Telephone Number: () _____

Medication

On the back of this form, please list any medications, along with the dosage and schedule that the Camper is taking and will bring to Camp - even if the Camper knows the amounts and schedule. **All medication (prescription or non-prescription) brought to camp must be in original containers, held by and, as prescribed, dispersed by the designated Camp counselor.**

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

Emergency Contact (Print all information)

Parent/Guardian's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____
Business Phone () _____
Parent's Cell Phone () _____
If not available in an emergency, notify _____
Relationship: _____
Phone () _____ Alternate phone: () _____

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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 _____

Which of the following has your child had? Measles ___ Mumps ___ Chicken pox ___ German measles ___ Hepatitis _____

Are the Camper's immunizations up to date? Yes ___ No ___

Date of last Tetanus shot _____

List all other serious or chronic illnesses that the Camper has ever had, along with operations or serious injuries. (Use back of page, if required)

Health history - Does your Camper have any of the following? For all yes answers, please mark "x" in the box and explain in the space provided, including your usual method of treatment. Ensure that the required medication is brought to Camp.

High blood pressure ___ Sleepwalking ___ Frequent sore throats ___ Seizures ___ Stomach upsets ___ Asthma ___ Bronchitis ___

Ear problems ___ Skin rashes/problems ___ Diabetes ___

Fainting spells ___ Athlete's foot ___ Hay fever/sinus problems ___

Reactions to insect bites/stings/poisonous plants ___ Other _____

Explanation: _____

Describe any other health conditions requiring treatment or restrictions:

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Insurance and Immunization

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

I understand Michigan Youth Trout Camp has no health or accident insurance that covers participants. Parent/Guardian Initials: _____

(Attach a copy of both sides of your health insurance card.)

Name of Insurance Co: _____

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; list the last date vaccine was received.

Tdap/Td _____ (Tetanus, Diphtheria, Pertussis)

MMR _____ (Measles, Mumps, Rubella)

Polio _____

Hepatitis B _____

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AUTHORIZATION FOR TREATMENT:

I, as parent or guardian of (_____) hereby give permission to the medical or dental personnel selected by the Camp to order X-rays, routine tests, treatment and necessary transportation for the Camper. In the event that I or my designated Alternative Contact 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 Camper, named above. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided.

This authorization is given in advance of any required care to empower a representative or other official of TU to give consent for such treatment as the physician may deem advisable. This authorization is granted only after a reasonable effort has been made to reach Parent/Guardian and is effective unless revoked in writing. Parent/Guardian accepts full responsibility for any medical expenses incurred as a result of these actions. Parent/Guardian represents that all emergency contact, medical information, and health forms for Camper are current and up to date.

Signature of Parent/Guardian _____

Print Name _____

Signature of Witness* _____ Date: / /

Print Name of Witness# _____

The completed forms maybe photocopied for trips outside of the Camp.

I give permission to the Camp staff to administer over the counter medications as directed by a licensed physician and physician ordered medications.

Parent/Guardian signature _____ Date / /

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Likeness Release**

The undersigned Parents/Guardians of _____ (“Camper”), individually and on behalf of Camper, hereby grants to the Kalamazoo Valley Chapter Trout Unlimited (KVCTU), Michigan Trout Unlimited (MITU) and Trout Unlimited (TU National) (collectively “TU”) the right to use Camper’s likeness, image and/or voice (“Likeness”) recorded whether in photographs, film, audio, videos, or other means while a participant in MITU’s Youth Trout Camp (“Camp”).

This grant includes the consent to use the Likeness in the production of videos, posters, brochures, or any other advertising media, including social media such as YouTube, Facebook, Twitter, or any other manner to promote the activities of KVCTU’s youth programs, including the Camp, and similar youth programs/activities of TU National and/or MITU (“Production”). TU shall also have the right to edit, mix or duplicate and to use and re-use the Production, in whole or part, as TU may elect. TU may also grant permission to other Trout Unlimited State Councils or Chapters to use the Production for promotion of their youth programs/activities or as a tool to develop promotions for their youth program/activities.

Camper and his/her Parents/Guardians acknowledge that Camper has no interest or ownership in the Production or its copyright.

At no time will KVCTU, MITU, or TU National release Camper’s Likeness to any other third parties for commercial purposes, barter, rent or lease, or for any other reason, except as listed above.

Camper’s personal information (name, address, age, and email address or other social media contact information) (collectively “Personal Information”) will never be used or shared with any third parties that are not affiliated with TU, without the consent from the Camper’s Parents or Guardians, and commercial use of Camper Personal Information is expressly prohibited by TU.

If the Camper is under the age of 18: I do give my consent without reservations to the release of my son’s/daughter’s likeness, as described above.

Signature of Parent/Guardian _____ Date: / /

Signature of Witness[#] _____ Date: / /

Print Name of Witness _____

*Witness shall be other than parent, guardian, or sibling

[#] Witness shall be other than a family member

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Technology Use Policy and Agreement

Philosophy

The Michigan Youth Trout Camp Staff would like to encourage all campers to disconnect from the digital world and have a week of direct engagement with nature, staff and other campers. However, we understand that today most people have devices that keep them connected with family and will allow them to access the vast body of information that exists digitally. The Michigan Youth Trout Camp has developed the following policy for use of technology. A requirement of attendance at camp is that both parents and campers have read and signed the agreement.

Policy

- 1) Campers will not use cell phones, or any other device during any presentations or activities.
- 2) Campers will not use cell phones or any other devices at any time while in their assigned rooms.
- 3) Campers will not access or post information during camp or about camp to any social media sites.
- 4) Photography within assigned rooms is strictly prohibited.
- 5) If a camper is in the company of another camper who is violating the policy and fails to report it to a staff member, they may also be considered in violation of the policy.

We the parent or Guardian of _____

Camper Name

have read and discussed the Technology Use Policy. We understand that violation of the policy could result in dismissal from camp.

Parent or Guardian Signature

I, _____ have read and agree to follow

Camper Name

the technology use policy. I understand that violation of this policy could result in my dismissal from camp. Additional, I agree to have an “unplugged” experience and will limit or completely eliminate my use of technology during camp.

Camper's Signature

Application Checklist

All the following forms and documents must be completed and included with your application.

- One page essay
- Letter of recommendation
- Both sides of health insurance card
- Page 1 Camper Application
- Page 2 Parent/Guardian Consent
- Page 3 Primary Physician/Medication/Emergency Contact
- Page 4 Health History
- Page 5 Insurance and Immunization
- Page 6 Authorization for Treatment
- Page 7 Likeness Release
- Page 8 Technology Agreement
- 2017 – Application Checklist