

**CROOKED CREEK CONSERVATION CLUB INC
34th ANNUAL YOUTH OUTDOORS
EDUCATION SKILLS WEEKEND
JULY 28, 29, 30, 2017**

Dear Campers:

You will find enclosed an equipment list, medical form, registration. The medical form and the ODNR student registration form needs to be completed, signed, and **returned** to me ASAP.

Please return to:

Cindy Rogge
3225 Tower Rd.
Dorset, Ohio 44032

If you have any questions please call me at: 440-858-2855, If you have a friend attending and would like to bunk together please write their names on the top of medical forms.

Only bring what is on your equipment list.

NO FIREARMS, KNIVES, OR WEAPONS

Thank you,

Cindy Rogge
Chief Instructor

CROOKED CREEK CONSERVATION CLUB INC
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EQUIPMENT LIST
Personal Camping Gear

MUST HAVE:

WATER BOTTLE
FLASHLIGHT
Piece of Plastic (for ground cloth)
Sleeping Bag
Foam Mattress (optional)
Pillow
Raingear (no umbrellas)
Bug Repellent

CLOTHES:

Extra socks
Change of pants and shirts
Shorts
Jacket or Sweater
Tennis shoes/Boots
Toothbrush
Soap
Comb
Towel
Toothpaste
Wash cloth

NO:

Flip Flops
Lighters/Matches
Tobacco Products
Alcoholic Beverages

NO FIREARMS, KNIVES OR WEAPONS

ALSO: If you have available, please bring some type of eye/ear protection for the shooting ranges.

PACK ACCORDINGLY FOR THE WEATHER

EACH CAMPER IS RESPONSIBLE FOR THEIR OWN EQUIPMENT

Friday-July 28, 2017

PLEASE EAT DINNER BEFORE YOU ARRIVE

5:00-6:30pm	REGISTRATION- Tent assignments, take care of gear
7:00pm	INTRODUCTION & WELCOME!!! Parents are welcome to stay. Rules & Regulations 10 Commandments of Hunter Safety Introduction to Wildlife Management & Identification
9:30pm	Hot Dog Roast and Social Gathering
11:00pm	LIGHTS OUT!!!!!!!!!!!!

**THE ABOVE SCHEDULE AND INFORMATION IS FOR
FRIDAY EVENING ONLY**

Pickup is Sunday at 3:00 pm

CROOKED CREEK CONSERVATION CLUB INC
34th ANNUAL YOUTH OUTDOORS EDUCATION SKILLS WEEKEND
JULY 28, 29, 30, 2017
EMERGENCY MEDICAL AUTHORIZATION

STUDENTS NAME _____ HOME PHONE _____

ADDRESS _____ CITY&STATE _____
 MALE FEMALE DATE OF BIRTH _____ ZIP CODE _____

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under the supervision of the instructors of the Youth Outdoor Education Skills Weekend. This authorization will not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring the necessity for each surgery are obtained before the surgery is performed.

I hereby give my consent for emergency medical treatment of my child.

DATE _____ PARENTS SIGNATURE _____

REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the instructors to take no action or to: _____

DATE _____ PARENTS SIGNATURE _____

PLEASE COMPLETE THE FOLLOWING

Emergency phone number(s) where both parents can be notified _____

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Allergies _____

Medications _____

Pertinent Medical History: (ex. Respiratory Problems, Seizure Disorders, Diabetes, Etc.) _____

Date of last Tetanus Shot _____ other comments _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned parent, custodian or guardian of _____

Having full authority to execute this Agreement, personally and on behalf of any other like parent, custodian or guardian, hereby gives and acknowledges permission for said child to participate in the Youth Outdoor Education Skills Weekend at the Crooked Creek Conservation Club, Hartsgrove township, Ashtabula County, Ohio to be held July 28, 29, 30, 2017.

In consideration of the privilege of said child to participate, the undersigned does hereby specifically agree to indemnify, save and hold harmless the Crooked Creek Conservation Club Inc. The instructors, agents and all persons whether participants or spectators of the Conservation Club or elsewhere, from any and all losses, claims, actions or proceedings of every kind and character which may be presented or initiated to recover money, property or damages for any injuries or damages to property suffered during the conduct of the above-described event.

DATE _____

SIGN _____

(Parent) (Custodian) (Guardian)

STUDENT REGISTRATION FORM

OHIO DEPARTMENT OF NATURAL RESOURCES • DIVISION OF WILDLIFE



Customer ID: (if known) _____

First Name: _____ Middle Initial: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____

Postal Code: _____

Phone Number: _____

Email: _____

County: _____

Birth Date: (mm/dd/yyyy) _____ Last 4 digits of SSN: _____

Your voluntary completion of this section will help the Division of Wildlife in administering the statewide program to assure that equal opportunity is provided to individuals without regard to their race, color, national origin, or handicap.

Gender: _____ Race: _____

Does anyone in your family hunt/trap? No Yes

Are you taking the course so you can buy your first license? No Yes

Are you handicapped? No Yes

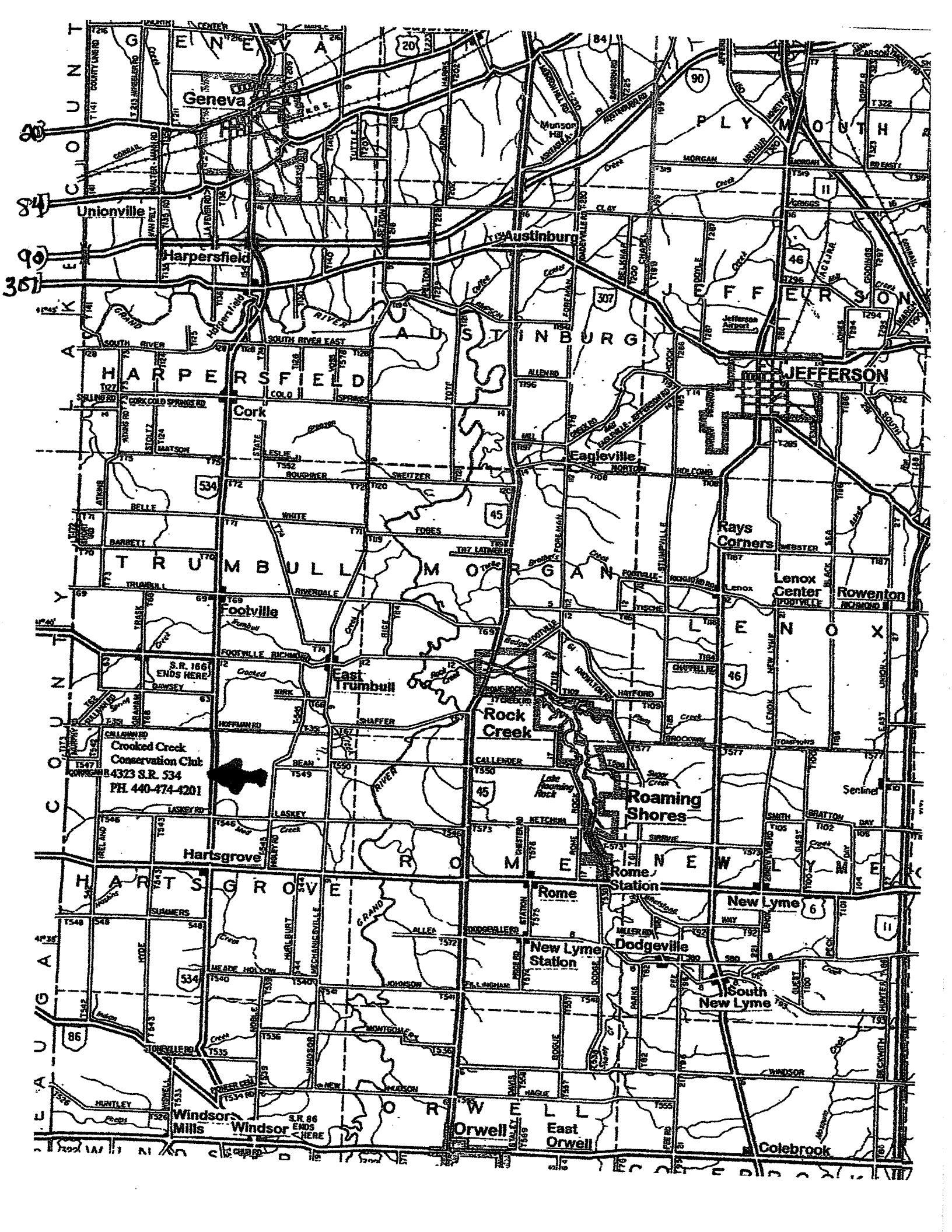
INSTRUCTOR USE ONLY

Completion Date: _____ Course Grade: _____



Ohio Department of Natural Resources
DIVISION OF WILDLIFE
Outdoor Education
2045 Morse Road, Bldg. G
Columbus OH 43229-6693

1-800-WILDLIFE • wildohio.gov



Geneva

Unionville

Harpersfield

Austinburg

HARPERSFIELD

AUSTINBURG

JEFFERSON

Cork

Engleville

Rays Corners

TRUMBULL

MORGAN

Lenox Center
FOOTVILLE

Rowenton
RICHMOND

Footville

Rock Creek

Roaming Shores

Harts Grove

ROME

Rome Station

New Lyme

HARTSGROVE

New Lyme Station

Dodgeville

South New Lyme

Windsor Mills

Windsor

Orwell

East Orwell

Colebrook

**Crooked Creek
Conservation Club**
CORRESPONDENCE S.R. 534
PH. 440-474-4201

534

6

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S.R. 66
ENDS HERE