

**CROOKED CREEK CONSERVATION CLUB INC
35th ANNUAL YOUTH OUTDOORS
EDUCATION SKILLS WEEKEND
JULY 27, 28 & 29, 2018**

Dear Campers:

You will find enclosed an equipment list, medical form and registration. The **Medical Form / Registration** needs to be **completed, signed, and returned by July 21st, 2018.**

Please return to: Wayne White at

**Email: wwhite54@bellsouth.net or
Mail: 31049 Gates Mills Blvd. Pepper Pike, OH 44124**

If you have any questions, please call: **(904) 868-3361**. 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 the equipment list.

NO FIREARMS, KNIVES OR WEAPONS!

Has your Camper completed the OH Hunter's Safety Course? Those campers 11 & Under needing to complete the required 3 hour Classroom Session in order to complete their Hunters Safety Course, need to bring a copy of their Certificate of Completion from the Online Course. Upon completion of the Sunday morning class, we can certify them. Make sure to let us know if your Camper needs the class, so that we can have the proper number of instructors on hand. (Let me know if you have any questions).

Thank you,

Wayne White, Youth Weekend Chairman

(904) 868-3361 / wwhite54@bellsouth.net

**CROOKED CREEK CONSERVATION CLUB INC
35th ANNUAL YOUTH OUTDOORS EDUCATION SKILLS WEEKEND
JULY 27, 28 & 29, 2018**

**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 for two days (Sat & Sun):
 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

**NO FIREARMS, KNIVES OR
WEAPONS OF ANY KIND**

**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

****Please make sure that your Campers have a snack before they arrive,
due to the late Dinner time.**

Friday-July 27, 2018

4:00 – 6:00 PM REGISTRATION- Tent assignments, take care of gear
6:00 – 6:30 PM INTRODUCTION & WELCOME!!! Parents are welcome to stay.
 Rules & Regulations
6:30 – 8:30 PM Hunter's Best Friend Demonstrations.
8:30 – 9:30 PM Hamburger & Hot Dog Roast
9:30 – 10:30 PM Introduction to Wildlife Management & Identification
10:30–11:00 PM S'more's by the Campfire
11:00 PM LIGHTS OUT!!!! Sleep well, you have a Big Day tomorrow!!!
 THE ABOVE SCHEDULE AND INFORMATION IS FOR FRIDAY EVENING ONLY

**Pickup will be Sunday afternoon around 1:30PM. Come join your Campers and
hear all about their Weekend while enjoying a Bar-B-Q Lunch from 1:30 PM til
3:00 PM.**

CROOKED CREEK CONSERVATION CLUB INC
35th ANNUAL YOUTH OUTDOORS EDUCATION SKILLS WEEKEND
JULY 27, 28 & 29, 2018
EMERGENCY MEDICAL AUTHORIZATION

STUDENTS NAME _____ HOME PHONE _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

MALE FEMALE DATE OF BIRTH _____

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.

PARENTS SIGNATURE _____ DATE _____

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: _____

PARENTS SIGNATURE _____ DATE _____

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

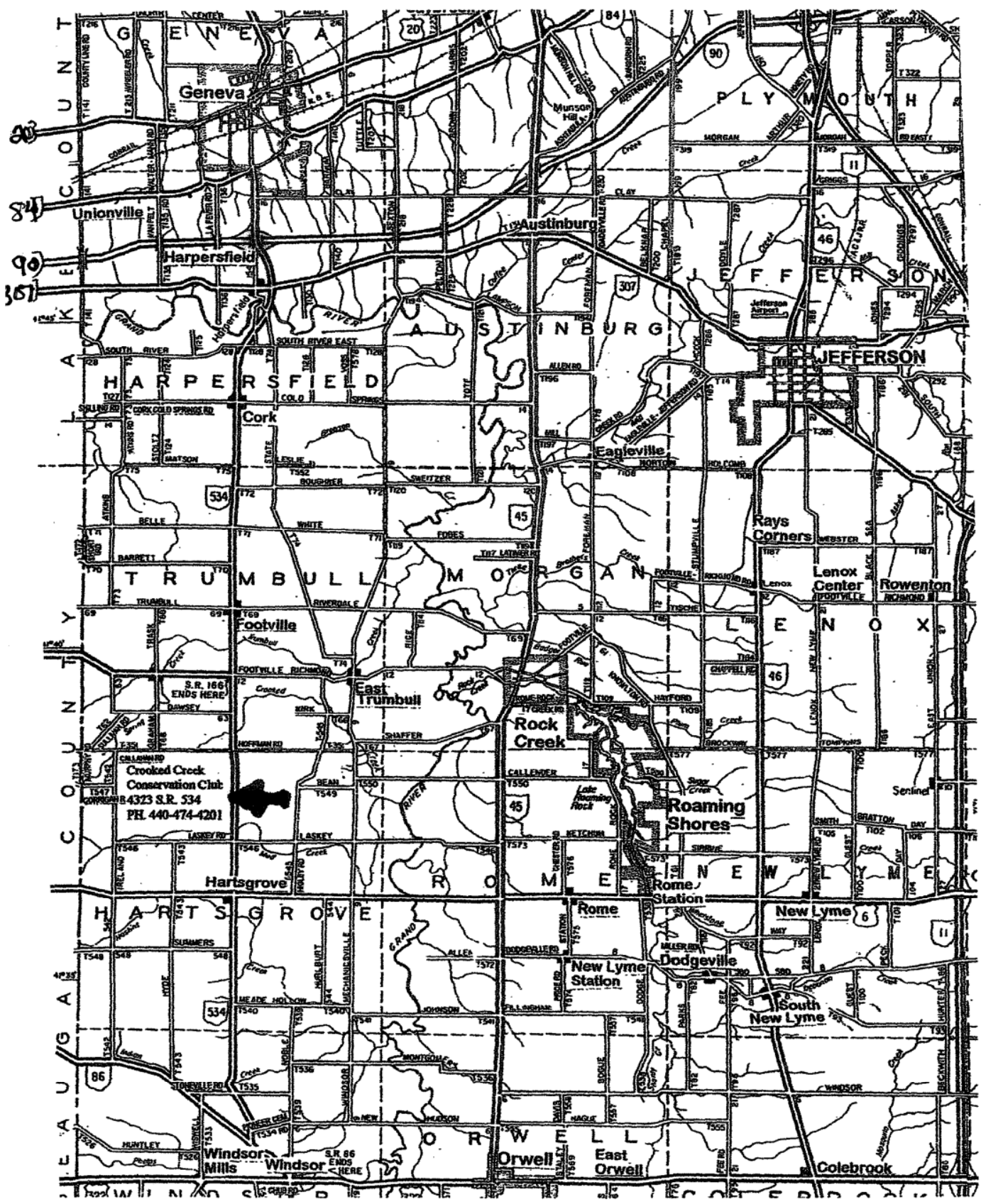
The undersigned parent, custodian or guardian of _____
Having full authority to execute this Agreement, personally and on behalf of any other like parent, custodian or guardian, hereby gives and acknowledges permission for said child to participate in the Youth Outdoor Education Skills Weekend at the Crooked Creek Conservation Club, Hartsgrove township, Ashtabula County, Ohio to be held July 27, 28 & 29, 2018.

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 _____

SIGNATURE _____

(Parent) (Custodian) (Guardian)



Crooked Creek
Conservation Club
B-4323 S.R. 534
P.H. 440-474-4201

Harts Grove

Windsor Mills

Windsor

S.R. 86
ENDS
HERE

S.R. 86
ENDS
HERE

Orwell

East
Orwell

Roaming
Shores

Rome
Station

New Lyme
Station

Dodgeville

South
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