

**CROOKED CREEK CONSERVATION CLUB INC**  
**36<sup>th</sup> ANNUAL YOUTH OUTDOORS**  
**EDUCATION SKILLS WEEKEND**  
**JULY 24, 25 & 25, 2020**

**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 18<sup>th</sup>, 2020**.

**Please return to Adam Hollobaugh (440-313-7406) at;**  
**Email: adamhollobaugh@gmail.com or**  
**Mail: 12666 Taylor Wells Road Chardon, OH 44024**

If you have any questions, please call: **(440) 313-7406**. If you have a friend attending and would like to bunk together, please write their names on the top of medical forms.

**OHIO HUNTERS SAFTY COURSE**

In Ohio children under 12 years old can complete the hunter safety requirements by taking and 8-10-hour online course and completing a 3-hour Classroom Session and exam. If you would like your child to complete the Hunters Safety Course, they will need to register through the Ohio Division of Wildlife to take the online course. This course needs to be completed before the youth weekend. You will need to bring a copy of their Certificate of Completion from the Online Course to be eligible for the 3-hour class and exam. The online course number is 1000047495. It will be available at the end of June. Let me know if you have any questions.

**Will your child be taking part in the Hunter's Safety Course?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Camper's Name** \_\_\_\_\_

Thank you,

**Adam Hollobaugh, Youth Weekend Chairman**

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Only bring what is on the equipment list.  
**NO FIREARMS, KNIVES OR WEAPONS!**

<b>EQUIPMENT LIST</b>	
<b>Must Have</b>	<b>Do Not Bring</b>
<b>Water Bottle</b>	<b>Flip Flops</b>
<b>Flashlight</b>	<b>Lighter / Matches</b>
<b>Sleeping Bag</b>	<b>Tobacco Products</b>
<b>Pillow</b>	<b>Vaping Products</b>
<b>Rain Gear (NO UMBRELLAS)</b>	<b>Alcohol</b>
<b>Clothes for 2 days (Sat and Sun)</b>	<b>Knives</b>
<b>Extra Socks</b>	<b>Firearms</b>
<b>Tennis Shoes and Boots</b>	<b>Any other weapons</b>
<b>Toothbrush/ Toothpaste</b>	
<b>Insect Repellent</b>	
<b>Sunscreen</b>	
<b>Any other desired toiletries</b>	
<b>Hearing Protection for Shooting *</b>	
<b>Safety Glasses for Shooting *</b>	

\* We will have some hearing and eye protection available for those who need them.

**PACK ACCORDINGLY FOR THE WEATHER / Be prepared Rain or Shine!!!**  
**EACH CAMPER IS RESPONSIBLE FOR THEIR OWN EQUIPMENT**

**Address for Crooked Creek is**  
**4323 State Route 534, Hartsgrove, OH 44085**

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

**Friday-July 24, 2020**

**4:00 – 6:00 PM REGISTRATION- Tent assignments, take care of gear**

**6:00 – 6:30 PM INTRODUCTION & WELCOME!!! Parents are welcome to stay.**

**Agenda For the weekend will be provided.**

**Pickup on Sunday will be at 1:30 PM after Lunch.**

**I am sure the Parents will be excited to hear all about your big weekend.**

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**EMERGENCY MEDICAL AUTHORIZATION**

CAMPER'S NAME \_\_\_\_\_ PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

· MALE   ☐ FEMALE   DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**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: \_\_\_\_\_

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**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 24, 25 & 26, 2020. 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)

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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 \_\_\_\_\_

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Parent) (Custodian) (Guardian)

**CROOKED CREEK CONSERVATION CLUB INC**  
**36<sup>th</sup> ANNUAL YOUTH OUTDOORS**  
**EDUCATION SKILLS WEEKEND**  
**JULY 24, 25 & 25, 2020**

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You will find enclosed an **equipment list, medical form and registration**. The **Medical Form / Registration** needs to be **completed, signed, and returned** by **July 18<sup>th</sup>, 2020**.

**Please return to Adam Hollobaugh (440-313-7406) at;**  
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If you have any questions, please call: **(440) 313-7406**. If you have a friend attending and would like to bunk together, please write their names on the top of medical forms.

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**Will your child be taking part in the Hunter's Safety Course?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**Camper's Name \_\_\_\_\_**

Thank you,

**Adam Hollobaugh, Youth Weekend Chairman**



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**36th ANNUAL YOUTH OUTDOORS EDUCATION SKILLS WEEKEND**  
**JULY 24, 25 & 26 2020**

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EQUIPMENT LIST	
Must Have	Do Not Bring
Water Bottle	Flip Flops
Flashlight	Lighter / Matches
Sleeping Bag	Tobacco Products
Pillow	Vaping Products
Rain Gear (NO UMBRELLAS)	Alcohol
Clothes for 2 days (Sat and Sun)	Knives
Extra Socks	Firearms
Tennis Shoes and Boots	Any other weapons
Toothbrush/ Toothpaste	
Insect Repellent	
Sunscreen	
Any other desired toiletries	
Hearing Protection for Shooting *	
Safety Glasses for Shooting *	

\* We will have some hearing and eye protection available for those who need them.

**PACK ACCORDINGLY FOR THE WEATHER / Be prepared Rain or Shine!!!**  
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**due to the later Dinner time.**

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**4:00 – 6:00 PM REGISTRATION- Tent assignments, take care of gear**

**6:00 – 6:30 PM INTRODUCTION & WELCOME!!! Parents are welcome to stay.**

**Agenda For the weekend will be provided.**

**Pickup on Sunday will be at 1:30 PM after Lunch.**

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**EMERGENCY MEDICAL AUTHORIZATION**

CAMPER'S NAME \_\_\_\_\_ PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

· MALE   ☐ FEMALE   DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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Allergies \_\_\_\_\_

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

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DATE \_\_\_\_\_

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(Parent) (Custodian) (Guardian)

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**YES \_\_\_\_\_ NO \_\_\_\_\_**

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Thank you,

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Sleeping Bag	Tobacco Products
Pillow	Vaping Products
Rain Gear (NO UMBRELLAS)	Alcohol
Clothes for 2 days (Sat and Sun)	Knives
Extra Socks	Firearms
Tennis Shoes and Boots	Any other weapons
Toothbrush/ Toothpaste	
Insect Repellent	
Sunscreen	
Any other desired toiletries	
Hearing Protection for Shooting *	
Safety Glasses for Shooting *	

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ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

· MALE   ☐ FEMALE   DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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<b>Pillow</b>	<b>Vaping Products</b>
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CAMPER'S NAME \_\_\_\_\_ PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

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<b>Hearing Protection for Shooting *</b>	
<b>Safety Glasses for Shooting *</b>	

\* We will have some hearing and eye protection available for those who need them.

**PACK ACCORDINGLY FOR THE WEATHER / Be prepared Rain or Shine!!!**  
**EACH CAMPER IS RESPONSIBLE FOR THEIR OWN EQUIPMENT**

**Address for Crooked Creek is**  
**4323 State Route 534, Hartsgrove, OH 44085**

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

**Friday-July 24, 2020**

**4:00 – 6:00 PM REGISTRATION- Tent assignments, take care of gear**

**6:00 – 6:30 PM INTRODUCTION & WELCOME!!! Parents are welcome to stay.**

**Agenda For the weekend will be provided.**

**Pickup on Sunday will be at 1:30 PM after Lunch.**

**I am sure the Parents will be excited to hear all about your big weekend.**

**CROOKED CREEK CONSERVATION CLUB INC**  
**36th ANNUAL YOUTH OUTDOORS EDUCATION SKILLS WEEKEND**  
**JULY 24, 25 & 26 2020**

**EMERGENCY MEDICAL AUTHORIZATION**

CAMPER'S NAME \_\_\_\_\_ PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

· MALE   ☐ FEMALE   DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**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 24, 25 & 26, 2020. 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)