

CROOKED CREEK CONSERVATION CLUB, INC.
38th ANNUAL YOUTH OUTDOORS
EDUCATION SKILLS WEEKEND FRIDAY, SATURDAY, AND SUNDAY
JULY 28, 29 & 30, 2023

Dear Campers:

You will find an enclosed **general information form, equipment list and registration/emergency medical authorization form**. The **general information and registration/emergency medical authorization forms** need to be **completed, signed, and returned by July 7th, 2023** so that we can order food, supplies, etc.

Please return the two completed forms to:

Michele Cleckner (321-626-7803)

Email: bowlbabe1@yahoo.com or

Mail: 4172 State Route 534, Rome, OH 44085

If you have any questions, please call/text or email:

William “Bill” Cleckner at (321) 626-9782 or billdadune@yahoo.com

Michele Cleckner at (321) 626-7803 or bowlbabe1@yahoo.com

GENERAL INFORMATION FORM:

Camper’s Name: _____

If you would like to bunk with friends attending the program, please fill out the following:
“I would like to bunk with the following other campers” (write your friend’s names here): _____

OHIO HUNTER SAFETY COURSE

We will be teaching the safety standards for this course and giving the exam on site. Additional details will be forthcoming soon.

In Ohio, children under 12 years old can complete the Ohio Hunter Safety Course requirements by taking an 8-10-hour online course and completing a 3-hour classroom session and exam. If you would like your child to complete the Ohio Hunter 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 the child’s Certificate of Completion from the online course to be eligible for the 3-hour class and exam.

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

YES _____ NO _____

Camper’s Name/Age _____

eMail address for Safety Course Registration _____

Thank you,

William “Bill” Cleckner, Youth Weekend Chairperson

Michele Cleckner, Youth Weekend Co-Chairperson

(Please complete this form & return to Michele Cleckner by July 7, 2023)

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

EQUIPMENT LIST	
Must Have/Authorized	Do Not Bring/Unauthorized
Water bottle	Flip flops
Flashlight	Lighter / matches
Sleeping bag	Tobacco products
Pillow	Vaping products
Rain gear (NO UMBRELLAS)	Alcohol/Illegal drugs
Clothes for 2 days (Sat and Sun)	Knives
Extra socks	Firearms
Tennis shoes and boots	Any other weapons
Toothbrush / toothpaste	Any illegal substances/items
Insect repellent	No cell phones/games/electronic devices
Sunscreen	No snacks/food in tents
Any other desired toiletries	
Hearing protection*	
Safety glasses for eye protection*	

*We have some limited hearing/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 Conservation Club is:
4323 State Route 534
Rome (Hartsgrove Township), OH 44085**

*******Please make sure that your campers have a snack before they arrive on Friday due to a later dinner time on the day of arrival*******

Date/Time of Camper Arrival:

Friday, July 28, 2023

4:00 – 6:00 PM REGISTRATION- Tent assignments and organize gear.

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

A detailed agenda for the weekend will be provided at a later date.

Date/Time of Camper Departure:

Sunday, July 30, 2023

Pick up time is 1:00 PM after Lunch.

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REGISTRATION AND EMERGENCY MEDICAL AUTHORIZATION

CAMPER'S NAME _____ PARENT/CUSTODIAN/GUARDIAN NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

EMAIL ADDRESS FOR CORRESPONDENCE: _____

MALE FEMALE DATE OF BIRTH _____ PARENT/GUARDIAN/CUST. CONTACT PHONE NUMBERS:
HOME _____ WORK _____ CELL _____

PURPOSE:

Registration and 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 concur on the necessity for each surgery are obtained before the surgery is performed. I hereby give my consent for emergency medical treatment of my child and release of medical information to instructors, staff or medical personnel for treatment of my child as necessary and for instructors/staff to administer my child's medications listed below per the prescription bottle instructions or as noted below:

PARENT/CUSTODIAN/GUARDIAN 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 the following actions: _____

PARENT/CUSTODIAN/GUARDIAN SIGNATURE _____ DATE _____

PLEASE COMPLETE THE FOLLOWING:

Emergency phone number(s) where both parents/custodians/guardians can be notified of any issues with their child(ren):

Name/Phone Number _____ Name/Phone Number _____

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 _____ (child's name) 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, Inc. (CCCC), Hartsgrove Township, Ashtabula County, Ohio** to be held July 28, 29 & 30, 2023. In consideration of the privilege of said child to participate, the undersigned does hereby specifically agree to indemnify, save and hold harmless the CCCC, the instructors, agents and all persons whether participants or spectators of the CCCC 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)

(Please complete this form & return to Michele Cleckner by July 7, 2023)