

**CROOKED CREEK CONSERVATION CLUB, Corp. (CCCC)  
38<sup>th</sup> ANNUAL YOUTH OUTDOORS WEEKEND  
EDUCATION SKILLS WEEKEND FRIDAY, SATURDAY, AND SUNDAY  
JULY 26, 27 & 28, 2024**

**Please APPLY EARLY**, because we have a limited number of spaces available!  
The CCCC Youth Outdoors Weekend is **COST FREE** to attendees/parents.

**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** **MUST be completed, signed, and returned to Michele Cleckner by July 1, 2024** so that we can order food, supplies, etc.

**Please return the two completed forms by U.S. Mail, email, or text message to:**

**Michele Cleckner (321) 626-7803 (texts OK)**

**Email: [bowlbabe1@yahoo.com](mailto:bowlbabe1@yahoo.com)**

**Mail: 4172 State Route 534, Rome, OH 44085**

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

**Michele Cleckner at (321) 626-7803 or [bowlbabe1@yahoo.com](mailto:bowlbabe1@yahoo.com)**

**William “Bill” Cleckner at (321) 626-9782 or [billdadune@yahoo.com](mailto:billdadune@yahoo.com)**

**GENERAL INFORMATION FORM:**

Camper’s Name: \_\_\_\_\_

If you would like to bunk with friends attending the program, please fill out the following and we will try to honor your request: “I would like to bunk with the following other campers” (write friend’s names here): \_\_\_\_\_

**New ODNR OHIO HUNTER SAFETY COURSE – we WILL NOT be covering this course during the 2024 Youth Weekend, but we are working to train instructors to offer this course at a later date.**

**\*\*\*Camper’s Name/Age\*\*\* \_\_\_\_\_**

**\*\*\*Mandatory ages for campers are 10 to 15 years old and 9-year-olds may attend with an older sibling who is also attending.**

**Please list any of camper’s experience (if any) at shooting firearms, fishing, hunting, camping, outdoors knowledge, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,

Michele Cleckner, Youth Weekend Co-Chairperson

William “Bill” Cleckner, Youth Weekend Co-Chairperson

**(Please complete this form & return to Michele Cleckner by July 1, 2024)**

**CROOKED CREEK CONSERVATION CLUB, Corp.**  
**38<sup>th</sup> ANNUAL YOUTH OUTDOORS WEEKEND**  
**JULY 26, 27 & 28, 2024**  
**REGISTRATION AND EMERGENCY MEDICAL AUTHORIZATION**

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

PARENT/GUARDIAN/CUSTODIAN CONTACT PHONE NUMBERS:  
NAME \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

EMAIL ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

CAMPER:                       MALE    FEMALE   DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

**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 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 \_\_\_\_\_

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 \_\_\_\_\_

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 staff, /Phone Number \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_ 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, Corp. (CCCC), Hartsgrove Township, Ashtabula County, Ohio** to be held July 26, 27 & 28, 2024. 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 SIGNED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Parent) (Custodian) (Guardian)

**(Please complete this form & return to Michele Cleckner by July 1, 2024)**

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

<b>EQUIPMENT LIST</b>	
<b>Must Have/Authorized</b>	<b>Do Not Bring/Unauthorized</b>
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*	
Long Pants are Highly Recommended	
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/Phone for Crooked Creek Conservation Club, Corp. is:  
4323 State Route 534, Rome (Hartsgrove Township), OH 44085  
Phone Number: (440) 474-4201 (rings in Clubhouse & Field Trials)**

**\*\*\*\*\*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 26, 2024**

**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 28, 2024**

**Pick up time is 1:00 PM after Lunch.**