

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

**Dear Parents/Guardians:**

Due to COVID19 we are restructuring the Youth Weekend to be a one day only youth gun safety and shooting clinic. We will do our best to maintain social distance and sanitary practices during the shooting event.

You will find enclosed a **list of COVID19 precautions, 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**.

**OHIO HUNTERS SAFTY COURSE**

**Due to COVID19 we will not be offering the Hunters Safety Course completion exam for kids under 12. If you are interested in having your child complete the course later, please check Yes. I will set up a course after the restrictions are lifted and contact you with signup information.**

**Are you interested in having your child be taking part in the Hunter's Safety Course?**

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

**Childs's Name \_\_\_\_\_**

Thank you,  
**Adam Hollobaugh, Youth Weekend Chairman**

# **COVID19 PROCEDURES**

## **HEALTHY PARTICIPANTS ONLY**

First & foremost – if you are not feeling well, or have been exposed to anyone not feeling well, you may not attend the event.

## **SYMPTOMS**

Even if you are feeling well but have any of the following symptoms you may not attend class: Sneezing, coughing, runny nose, fatigue, or shortness of breath.

If you have any of the above symptoms and/or fever, chills, muscle pain, headache, sore throat, new loss of taste or smell or repeated shaking with chills do not attend and contact your doctor for evaluation and possible testing for Covid-19.

## **BEEN EXPOSED**

If you or anyone in your immediate family is diagnosed with Covid-19 a mandatory quarantine is necessary. Contact the Geauga County Health Department for advice on this.

If you have had close contact with any individual who has tested positive for Covid-19 in the past 14 days, you cannot attend.

If you or anyone you had close contact with experienced any flulike symptoms in the last 72 hours including cough, fever, or shortness of breath, you cannot attend.

## **HIGH RISK INDIVIDUALS**

If you consider yourself or your child to be at High Risk should you develop Covid-19 you need to do further research to determine whether it is safe for you to attend. For additional information see the CDC's "People Who Need to Take Precautions" webpage.

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JULY 25, 2020**

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>Insect Repellent</b>	<b>Lighter / Matches</b>
<b>Sunscreen</b>	<b>Firearms</b>
<b>Hearing Protection for Shooting *</b>	<b>Tobacco Products</b>
<b>Safety Glasses for Shooting *</b>	<b>Vaping Products</b>
<b>Hand Sanitizer**</b>	<b>Alcohol</b>
	<b>Knives</b>

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

\*\* We will have hand sanitizer at each shooting station but please bring your own personal bottle

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

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

**Saturday - July 25, 2020**

**Agenda for The Day:**

**8:00 AM REGISTRATION- Group assignments**

**8:30 – 9:00 - Firearm Safety Presentation**

**9:00 – 12:00 – Group rotation through Rimfire, Shotgun and Archery**

**Noon – 1:00 PM Lunch**

**1:00 - 1:30 – Review and discuss morning activities**

**1:30 – 4:30 – Group rotation through Long Range Rifle, Pistol and Archery Challenge**

**5:00 Hotdog Roast – Parents Welcomed**

**6:30 Depart**

**Will Parent/Guardian attend the hotdog roast? \_\_\_\_ Yes \_\_\_\_ No**

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**JULY 25, 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)