

**CROOKED CREEK CONSERVATION CLUB, INC. (CCCC)  
39<sup>th</sup> ANNUAL YOUTH OUTDOORS WEEKEND  
EDUCATION SKILLS WEEKEND FRIDAY, SATURDAY, AND SUNDAY  
JULY 25, 26 & 27, 2025**

**Please APPLY EARLY**, because we have a limited number of spots 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, and Photo Release Form**. The **general information, registration/emergency medical authorization, and Photo Release forms** need to be **completed, signed, and returned to Chrissy Ramirez by June 1, 2025** so that we can order food, supplies, etc. and prepare the programs for the camper's arrival.

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

**Name/Phone: Chrissy Ramirez / (440) 749-9019**

**Email: [chrissyr1120@yahoo.com](mailto:chrissyr1120@yahoo.com)**

**Mail: 801 North Avenue, Painesville, OH 44077**

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

**Name/Email: Bryan and Chrissy Ramirez / [chrissyr1120@yahoo.com](mailto:chrissyr1120@yahoo.com) / (440) 749-9019**

**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 Youth Weekend 2025.**

**\*\*\*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,

Bryan Ramierz, Youth Weekend Co-Chairperson

Chrissy Ramirez, Youth Weekend Co-Chairperson

**(Please complete this form & return to Chrissy Ramirez by June 1, 2025)**

**CROOKED CREEK CONSERVATION CLUB, INC.  
39<sup>th</sup> ANNUAL YOUTH OUTDOORS WEEKEND**

**JULY 25, 26 & 27, 2025**  
**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, Inc. (CCCC), Hartsgrove Township, Ashtabula County, Ohio** to be held July 25, 26 & 27, 2025. 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 Chrissy Ramirez by June 1, 2025)**

**PHOTO (MINOR) RELEASE FORM**

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_ give my permission for the Crooked Creek  
Conservation Club, Inc. (CCCC) to post/publish photos of my child named  
\_\_\_\_\_, which were taken at the CCCC  
Youth Weekend on July 25 to July 27, 2025 for any legal purpose. This  
includes publication on the CCCC online webpage, in the CCCC newsletter,  
in the CCCC Youth Weekend continuity book, or in a local newspaper for the  
purpose of advertising or memorializing the 2025 Youth Weekend or future Youth  
Weekend events.

I understand that no royalty, fee, or other compensation shall become payable to  
me by reason of such use.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENTS PRINTED NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

PARENT'S PHONE NUMBER: \_\_\_\_\_

**(Please complete this form & return to Chrissy Ramirez by June 1, 2025)**

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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>
<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/Illegal drugs</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>Any illegal substances/items</b>
<b>Insect repellent</b>	<b>No cell phones/games/electronic devices</b>
<b>Sunscreen</b>	<b>No snacks/food in tents</b>
<b>Any other desired toiletries</b>	
<b>Hearing protection*</b>	
<b>Safety glasses for eye protection*</b>	
<b>Long Pants are Highly Recommended</b>	

\*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, Inc. is:  
4323 State Route 534, Rome (Hartsgrove Township), OH 44085  
Phone Number: (440) 474-4201**

**\*\*\*\*\*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 25, 2025**

**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 27, 2025**

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