

CROOKED CREEK CONSERVATION CLUB, CORP. (CCCC)
40th ANNUAL YOUTH WEEKEND
FRIDAY, SATURDAY, AND SUNDAY - JULY 24, 25 & 26, 2026

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

Dear Campers:

You will find an enclosed **general information form, equipment list** and a **registration/emergency medical authorization form, and a Photo Release Form**. The **general information, registration/emergency medical authorization and Photo Release forms** must be **completed, signed, and returned to Chrissy Ramirez by June 1, 2026** 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: youthweekend@crooked-creek.org

Mail: 801 North Avenue, Painesville, OH 44077

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

Name/Email: Bryan & Chrissy Ramirez / youthweekend@crooked-creek.org / (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 your friend's names here): _____

*****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, 2026)

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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 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 Weekend at the **Crooked Creek Conservation Club, Corp. (CCCC), Hartsgrove Township, Ashtabula County, Ohio** to be held July 24, 25 & 26, 2026. 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)

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PHOTO (MINOR) RELEASE FORM

I, _____parent/guardian of
_____ give my permission for the Crooked Creek
Conservation Club, Corp. (CCCC) to post/publish photos of my child named
_____, which were taken at the CCCC
Youth Weekend on July 24 to July 26, 2026 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 2026 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: _____

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

*******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 24, 2026

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 26, 2026

Pick up time is 1:00 PM after Lunch.