

## 2017 Michigan Youth Trout Camp Camper Application

Camper's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_  
E-mail Address \_\_\_\_\_

A complete application package consists of checklist and eight forms, a **one-page essay** on why I want to attend camp, a **letter of recommendation** from a teacher, clergyman, or member of a conservation group and a copy of **both sides of the health insurance card that covers you.**

The camp fee of \$350 does not have to be included at this time.

Financial assistance may be available.

Would you like to be considered for financial assistance?

Yes. \_\_\_ No \_\_\_

I understand that my complete application package must be received by May 31, 2017 and that **only complete applications will be considered for attendance.**

I certify that I have read the camp rules and agree to abide by them.

Camper \_\_\_\_\_ Date / /

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## Parent/Guardian Consent

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ (Camper name)

I hereby consent to his/her participation in the Michigan TU Youth Trout Camp (Camp). In determining whether to allow him/her to participate, I recognize that Trout Unlimited cannot be held responsible for him/her in the event of injury while participating in Camp. I also realize that participation can involve risk of serious physical injury or death and agree, on his/her behalf, to assume risks.

I agree to release and indemnify the Kalamazoo Valley Chapter of Trout Unlimited and the Michigan Youth Trout Camp, its officers, trustees, directors, employees, agents, volunteers and staff from and against any and all claims, demands and judgment arising from injuries, damages or theft in connection with his/her participation.

Parent/Guardian Signature: \_\_\_\_\_ Date : / /

**Boat Trip Consent:** This year's camp experience may include a float trip with a guide, as well as a canoe trip. In addition to the above general consent, I specifically consent to allow \_\_\_\_\_ (Camper Name) to participate in these activities.

Please circle: Yes / No \_\_\_\_\_ (Parent/Guardian Initials)

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**Model release consent:** I hereby give Trout Unlimited, a Michigan corporation, Michigan counsel, and Kalamazoo Valley chapter the right to use photographs videos and other likenesses taken of me this date for publishing, illustration, advertising, trade and promotion, or any other use in any medium for any purpose

I release Trout Unlimited from any claims and demands arising out of the use of these photographs, videos and other likenesses. This release also covers legal representatives and any licensees of these photographs videos and other likenesses. I understand that the photographs and videos and other likenesses will be copyrighted in the name of trout Unlimited and may be used in conjunction with other photographs and videos and likenesses as part of a composite or in any form whatsoever.

I am 18 years old or older \_\_\_yes \_\_\_no

Signature of model: \_\_\_\_\_.

Print model's name: \_\_\_\_\_.

Address: \_\_\_\_\_  
                    Street.                    City.                    State.                    Zip

Witness: \_\_\_\_\_  
                    Signature of Witness

Date: \_\_\_\_\_

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If the model is under 18 years of age consent must be obtained from the models parent or guardian as follows:

I hereby certify that I am the parent or guardian  
of \_\_\_\_\_ (print model's name)

For the model named above, I do give my consent without reservations to the foregoing on behalf of him/her/them.

Parent or guardian Signature: \_\_\_\_\_

Date: / /

Witness Signature: \_\_\_\_\_

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## 2017 Michigan Youth Trout Camp Camper Application

### Primary Physician

Camper: \_\_\_\_\_ is under the care of  
Physician: \_\_\_\_\_

Physician's Telephone number: (     ) \_\_\_\_\_

### Medication

Please list any medications on the back of this form and the amount and schedule the student is to follow, even if the student knows the amounts and schedule to follow.

I agree that any prescribed medication for concentration and/or behavior used during my son's/daughter's regular school year will be continued for Camp, and brought to the attention of the Staff.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent/Guardians Signature) (Date Signed)

Parent/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

Home Phone (     ) \_\_\_\_\_  
Business Phone (     ) \_\_\_\_\_  
Parent's Cell Phone (     ) \_\_\_\_\_

If not available in an emergency, notify \_\_\_\_\_  
Phone (     ) \_\_\_\_\_ alternate phone: (     ) \_\_\_\_\_

**All medication brought to camp must be in original containers and will be dispersed as prescribed by the designated Camp counselor.**

Form 4 of 8  
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**Health History**

Allergies to drugs

\_\_\_\_\_

Any other known allergies

\_\_\_\_\_

Recent exposure to contagious disease yes \_\_\_ no \_\_\_

If yes, name disease and date

\_\_\_\_\_

List serious or chronic illnesses that the child has ever had and operations or serious injuries.

\_\_\_\_\_

Health history - Does your child have any of the following? For all yes answers, please mark "x" in the box and explain in the space provided, include your usual method of treatment and have your child bring to the Camp the medication required

\_\_\_ High blood pressure \_\_\_ sleepwalking \_\_\_ frequent sore throats  
\_\_\_ seizures \_\_\_ Stomach upsets \_\_\_ asthma \_\_\_ bronchitis \_\_\_ fainting  
spells \_\_\_ ear problems \_\_\_ Skin rashes/problems \_\_\_ diabetes \_\_\_ fainting  
spells \_\_\_ athlete's foot \_\_\_ Hay fever/sinus problems \_\_\_ reactions to insect  
bites/stings/poisonous plants \_\_\_ Other \_\_\_\_\_

Explanation: \_\_\_\_\_

List medicines taken daily/dosages:

\_\_\_\_\_

\_\_\_\_\_

Describe any other health conditions requiring treatment or restrictions:

\_\_\_\_\_

\_\_\_\_\_

Which of the following has your child had? \_\_\_ Measles \_\_\_ Chicken pox  
\_\_\_ German measles \_\_\_ Mumps \_\_\_ Hepatitis

# 2017 Michigan Youth Trout Camp Camper Application

## Insurance and Immunization

NO STUDENT WILL BE ACCEPTED AS A PARTICIPANT  
WITHOUT HEALTH INSURANCE OR OFFICIAL PROOF  
OF MEDICAID

I understand the Michigan TU Trout Camp has no health or  
accident insurance that covers participants.

(Attach a copy of both sides of your health insurance card.)

Name of Insurance Co.:

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Name of Policy:

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Policy or Group Number:

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Address

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City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

IMMUNIZATION RECORD MAY BE COMPLETED BY  
PARENT OR PHYSICIAN

Please send a copy of the immunization record or complete  
below; list the last date vaccine was received.

DTP/DPTA \_\_\_\_\_

Tetanus \_\_\_\_\_

MMR \_\_\_\_\_

Polio \_\_\_\_\_

Hepatitis B \_\_\_\_\_

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## Emergency Contact

\_\_\_\_\_ (camper) is under the care  
of \_\_\_\_\_(Physician's Name)

The physician can be reached at  
Telephone Number ( ) \_\_\_\_\_if necessary to replace lost or  
misplaced medication.

Please list any medications on the back of this form and the amount and  
schedule the student is to follow, even if the student knows the amounts and  
schedule to follow.

I agree that any prescribed medication for concentration and/or behavior  
used during my son's/daughter's regular school year will be continued for  
Camp, and brought to the attention of the Staff.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent/Guardians Signature) (Date Signed)

Parent/Guardian's Name

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_

If not available in an emergency, notify

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
Alternate Phone ( ) \_\_\_\_\_

**All medication brought to camp must be in original containers** and will  
be dispersed as prescribed by the designated Camp counselor.



## **2017 Michigan Youth Trout Camp Camper Application**

### **AUTHORIZATION FOR TREATMENT:**

I, as parent or guardian of \_\_\_\_\_ (Camper's name) hereby give permission to the medical or dental personnel selected by the Camp to order X-rays, routine tests, treatment for the participant and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. The completed forms maybe photocopied for trips outside of the Camp. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided. I also give permission to the Camp staff to administer over the counter medications and physician ordered medication in cases deemed necessary by the Camp staff or the Michigan TU Trout Camp Director.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# **2017 Michigan Youth Trout Camp Camper Application**

## **Application Checklist**

All the following forms and documents must be completed and included with your application.

- One page essay
- Letter of recommendation
- Both sides of health insurance card
- Page 1 Camper application
- Page 2 Parent/Guardian consent
- Page 3 Model Release
- Page 4 Physician/medication
- Page 5 Health History
- Page 6 Insurance and Immunization
- Page 7 Emergency Contact / Medication List
- Page 8 Authorization for Treatment