

**2017
WALTONIAN YOUTH CAMP
APPLICATION**

Name _____ Age _____ Gender _____
 Address _____ City _____ St _____ Zip _____
 Phone (home) _____ Work _____
 E-Mail Address _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

MEDICAL INSURANCE COVERAGE PROVIDED WHILE AT CAMP

The Waltonian Youth Camp will be held at **Ross Camp in West Lafayette Indiana**, July 23rd through July 29th, 2017
ALL CAMPERS MUST BE AT LEAST 9 YEARS OF AGE BY SEPTEMBER 1, 2017.

Check In Time: Sunday, July 23, 2017 1:00 p.m. to 3:00 p.m. CST (Do Not Come Early)
Check Out Time: Saturday, July 29, 2017 at 10:30 a.m. CST (Do Not Be Late)
Camp Registration Fee: \$100.00 per camper (must accompany application)
After July 16, 2017: \$110.00 ----- Day camp starts: \$125.00

Please Make Check Payable to: **I.W.L.A. Youth Camp**

Remit to:

IWLA Youth Camp
 Stanley M. Jarosz, Jr.
 3840 Barnes Street
 Hobart, IN 46342
 Cell Phone (219) 730-0496
 E-mail address: sjelectric65@gmail.com

Chapter or Person Sponsoring:

Name _____

Chapter _____

- CHILDREN OF IZAAK WALTON MEMBERS ARE GUARANTEED A PLACE ONLY UNTIL JUNE 1ST •
- AFTER JUNE 1ST, APPLICATIONS FOR NON-MEMBER CHILDREN WILL BE ACCEPTED. •

• PARENTAL PERMISSION •

I hereby give permission for my child/ward _____ to participate in the Waltonian Youth Camp, planned by the Indiana State Division of the Izaak Walton League of America, Inc. and its chapters.

If for any reason my child/ward should not abide by the camp rules and regulations, I will be contacted and advised of the situation by the Camp Director. I will then inform the Camp Director or assistant director of my decision of how my child/ward will depart from camp. I will not hold the Waltonian Youth camp responsible after my child/ward leaves the Tippecanoe State Park campgrounds.

I understand that due and reasonable precautions will be taken to safeguard my child or ward on this activity as are taken in all other similar activities. I will not hold the Indiana Division and chapters or any of its employees responsible for any accident or loss that may occur at camp and while traveling to and from camp. I have read and understand the rules and regulations of the camp and that my child/ward has been instructed to follow them.

I give my child/ward permission to participate in the Gun Safety and Archery classes during the **hands on** portion on the ranges.

Archery Yes _____ No _____ **Gun Safety** Yes _____ No _____

I authorize the IWLA Youth Camp, to use my child/ward's image and/or voice and/or words in video, photographic, and computer-generated presentations as part of the promotion of the youth camp. Yes _____ No _____

I authorize the printing of my child/ward's name and address in the camp yearbook. Yes _____ No _____

 Signature of parent or legal guardian

 Date

Camper Rules And Regulations While At Camp

•• AREAS ARE DIVIDED INTO THE FOLLOWING AGE GROUPS ••

BOYS: 9 years to 15 years

GIRLS: 9 years to 15 years

7:00 a.m. Rise and Shine

10:00 p.m. Lights Out

10:30 p.m. All Quiet

1. No smoking or using tobacco in any form.
2. No alcoholic beverages or controlled substances
3. No knives, guns, or weapons of any type.
4. No gambling of any kind.
5. No fireworks.
6. No money.
7. Be courteous to other campers and staff. Fighting will not be tolerated.
8. No raiding of gear or cabins.
9. No bullying of other campers.
10. All campers are expected to wear clothing of an appropriate style. This is a family camp.
11. All campers' gear will **be inspected in front of parent/guardian at the arrival of camp** any items that should not be at camp will be taken home with the parent/guardian.
12. Chief Counselor may inspect the campers' gear at any time.
13. The Chief Counselor will make all cabin assignments prior to camp.
14. **Bring an extra key for footlocker**, which will be given to the Chief Counselor.
15. Do not bring expensive electronic entertainment equipment.
16. **Campers must bring at least one pair of lace up shoes, and dark clothing for night walks.**

If any of the above rules or regulations is disobeyed, the camper may be sent home. The Camp Director will make the final decision. The staff is not responsible for lost or stolen articles or valuables.

We have read the above rules and regulations and if for any reason my child/ward should not abide by the camp rules and regulations, I will be contacted and advised of the situation by the Camp Director. I will then inform the Camp Director or Assistant Director of my decision of how my child/ward will depart from camp. I will not hold the Waltonian youth camp responsible after my child/ward leaves the Tippecanoe River State Park campgrounds.

Parent

Camper

Date: _____

• Medical Information and Release Form •

Name _____ Age _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Contact in case of emergency _____

Address _____ Phone _____

Family doctor/phone _____

Please list any physical limitations of your child/ward's ability to participate in activities, which involve strenuous physical exertion _____

Allergies (including medicine or food): _____

Date of last tetanus shot

Please list any medications your child is currently taking including over the counter (drug store) medicine: _____

NOTE: medications will only be administered by the order of a physician. All medicine must be labeled by the pharmacy with the following information: child's name, dosage, medicine's generic or brand name. All medicine will be kept in the Nurse's Cabin and administered by the Nurse.

NOTE: drugstore medications (i.e. aspirin, cough syrup, allergy medicine, etc.) will not be administered on a regular basis without a note from your physician. We have these medicines available and a child may request them if deemed necessary. **All medications must be given to the camp nurse in charge at the time of check-in at camp. No medications are to remain in the custody of the campers this includes over the counter medicine** (i.e. aspirin, cough syrup, allergy medicine, etc.)

I hereby give my permission for my child/ward _____ to receive any emergency medical treatment deemed necessary in case of an accident or injury while participating in the Waltonian Youth Camp sponsored by the Indiana Division of the Izaak Walton League of America, Inc.

I understand that this permission is necessary so that any licensed physician (State of Indiana) or hospital may be allowed to treat any injury or illness which may occur at camp and that in no way will I hold Waltonian Youth Camp responsible for any treatment received. I understand that the camp authorities will make all reasonable attempts to contact the parent in case such medical treatment is necessary.

Date

Parent/Guardian Signature

I give permission for my child/ward to be sprayed with insect repellent. Yes _____ No _____

Date

Parent/Guardian Signature

Please return this form with your application. If any changes should occur between now and camp, bring the information with you to check-in when you arrive at camp.