



## Youth Conservation Camp Registration

Camper Name (First & Last) \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

***Campers must be between the ages of 8-13 to attend.***

Age of Camper by June 12, 2018 \_\_\_\_\_

Has this child attended Youth Conservation Camp before? Y N

Gender: M F

Circle T-Shirt Size (camper only): Adult S M L XL Youth S M

### Natural Resource Activity Session Choices

Please choose from the following session choices in the order of your preference. Each child will be placed in a session for the whole of camp, and we ask that they not switch groups once camp begins unless there is an issue. We will try to assign campers to their first choice based upon application date and previous participation. All the sessions are taught by professionals and are extremely fun!

**Hunters' Safety** - provides the same classroom instruction as regular hunters' safety courses, as well as the shooting range. Children must be **11 years old** by the time of camp in order to qualify for this session - NO EXCEPTIONS.

**Wildlife** - Learn how to set up a wildlife camera, identify scats and tracks, understand the relationships between species and habitats, and more!

**Forestry** - Spend time with an environmental educator teaching specifically about forestry management such as how to set up a proper campfire, getting to know the forest habitat, and how the forest is a huge ecosystem.

**Soil & Water Conservation** - These fundamental parts of our environment have a lot of hidden depths. Get to know how your world needs and uses elements such as soil and water to create and sustain life.

**Rangeland Science** - We're not the only ones on the earth - animals use it, too! Find out what helps keep our furry and buggy friends alive and well.

Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> preferences.

\_\_\_\_\_ **Forest Management**    \_\_\_\_\_ **Rangeland Science**    \_\_\_\_\_ **Soil/ Water Conservation**

\_\_\_\_\_ **Fish/Wildlife Management**    \_\_\_\_\_ **Hunter's Safety**

I have completed the following session(s) at previous camps:

\_\_\_\_\_ **Forest Management**    \_\_\_\_\_ **Soil & Water Conservation**

\_\_\_\_\_ **Rangeland Science**    \_\_\_\_\_ **Fish/Wildlife Management**    \_\_\_\_\_ **Hunter's Safety**

**Cabin Accommodations**

*Each boys' cabin will have an adult male chaperone and a male counselor. Each girls' cabin will have an adult female chaperone and a female counselor. All children will be in cabins for the 2018 camp session!*

Please List Roommate Preferences:

Please List Campers with whom your child does NOT want to room:

**Camper Profile**

Our camp staff wants to work with parents and campers to best understand children's needs. The more information you supply about your child, the better the staff can prepare for their presence in camp. This information is treated as confidential and is shared only among those working with the specific camp your child has registered for. Thank you for understanding.

**Please check all that apply:**

**Social Abilities**

- Participates and plays well with others
- Has some difficulty around other children
- Prefers limited contact with others
- Occasionally resents group activity
- Does not get along with others
- Prefers solo activities
- Shy, withdrawn
- Needs extra encouragement to participate
- Follows instructions well
- Participates well in group activity

**Meals and Eating Habits:**

We provide three meals and snacks throughout the day. Children used to open access to food whenever they are hungry may feel as if there is not enough food being served. Other children may not think they are hungry when they really need to bulk up on calories. Talk with your child before they arrive at camp about healthy eating choices.

Does your child have trouble with any eating disorder?  
Y    N

**Sleeping Habits and Routines**

Has difficulty sleeping at night: \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Always

Gets out of bed during the night: \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Always

Wets the bed at night: \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Always

If difficulty sleeping, usual intervention is: \_\_\_\_\_  
\_\_\_\_\_

Has your child/youth been away from home over night: \_\_\_ Yes\* \_\_\_ No

\*If yes, please explain in what context and how they did:

**Please indicate if the following behavior(s) apply to your child:**

- Nosebleeds
- Extreme Homesickness
- Anger Issues
- Physical Violence (child against others)
- Other (please explain)

**Please list any other issues of which camp staff should be aware (home issues, death of a relative, a pet, etc.)**

## **Acknowledgment and Assumption of Risks and Waiver of Claims for Minors**

*Please read carefully before signing. This document includes a release of liability and waiver of certain legal rights.*

In consideration of my own or my child's participation in camping activities sponsored by the Rio Grande Watershed Conservation & Education Initiative held at the Beaver Creek Youth Camp, or at another agreed to location:

### **Acknowledgement of Risks**

I understand that there are numerous risks associated with participation in any camping activities, including such things as hiking, field games, crafts and transportation to and from camp activities, and that many, but not all, of these risks are inherent in these and other activities. These risks, which contribute to the unique character and desirability of the activities involved, may pose the possibility of severe injury, illness or death. I further understand that most of the activities involved in the camping experience at Beaver Creek Camp will take place in an outdoor environment.

I also understand that many of the risks inherent in the camping experience cannot be eliminated, altered or controlled. Some, but not all, of the specific risks include:

- Weather conditions may change rapidly and unpredictably and may directly cause injury, i.e. severe rainstorms, hail storms, sunburn, lightning strikes, cold temperatures, or by acting on other factors, i.e. performance of equipment may be impaired by weather conditions.
- Equipment used in activities may break, fail, or malfunction, despite reasonable maintenance and use, and may inflict injuries, even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and/or others.
- Most activities take place in a natural environment, where unexpected, unseen, and unknown/unmarked objects and conditions create risk of injury, i.e. falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, potentially harmful vegetation.
- Counselors and guides use their best judgment in determining camper's ability to participate in camp activities. However, campers may have unknown conditions which would limit their participation in certain activities or increase camper's risks of injury. **It is imperative that parents notify the event coordinator's in writing, of any known limitations.**
- Motor vehicle accidents, not the direct fault of camp sponsors, may occur in the course of transporting participants to and from other activities.
- Some camping activities may have inherent risks, due to the nature of the camping experience, and there may be other risks which cannot be anticipated.

Acknowledging the above risks and other potential risks, I give permission for my child to participate in:

Various Team Sports/Hiking – adult supervision

I acknowledge and assume the risks involved in any of these activities and for any damage, illness, injury or death resulting from such risks, for my child, with the exception of any unapproved activities described above. There are no physical, emotional, or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me/us in writing to the Youth Conservation camp director.

**Release, Waiver of Liability, and Indemnification:**

I, on behalf of my child, absent gross negligence or willful conduct hereby release and waive any claim of liability against the Rio Grande Watershed Conservation & Education Initiative, Beaver Creek Youth Camp and other agencies who participate in this program and its employees, and agents with respect to any injury, illness, damage or death, occurring to me or my child while he/she participates in any and all camp/retreats programs and activities.

**Governing Law**

I agree that this document, and all other aspects of my child’s relationship with the Rio Grande Watershed Conservation & Education Initiative, Beaver Creek Youth Camp and other agencies who participate in this program and its employees, and agents, shall be governed by the laws of the State of Colorado. Further, I agree that any legal proceedings concerning such relationship shall be filed exclusively in the State of Colorado.

**I have read and understand the above and agree to be bound by the terms of this document.**

\_\_\_\_\_  
**Camper**

\_\_\_\_\_  
**Parent/Guardian signatures (if participant is under 18 years old)**

\_\_\_\_\_  
**Date**

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I/we hereby give my/our permission to camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my/our child \_\_\_\_\_ should an emergency arise.

It is understood that camp officials will make a conscious effort to locate the emergency contacts provided before any actions is taken. If it is not possible to locate emergency contact listed, I/we will accept the expense of emergency medical or surgical treatment. I/we also give permission for the dispensing of listed medications to my/our camper as instructed.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Print name** **Date**

## Medical Insurance & Liability Waiver

**Custodial parent/guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Home Address: \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
 Address: \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Relationship to the participant \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical / hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Carrier or Plan Name: \_\_\_\_\_ Group # \_\_\_\_\_

This health form is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purpose of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Rio Grande Watershed Conservation & Education Initiative; Center Conservation District; Beaver Creek Youth Camp and other agencies who participate in this program and its employees, and agents representing or related to the Camp as regards to the summer camp running from \_\_\_\_\_ - \_\_\_\_\_, 20\_\_\_\_. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by Rio Grande Watershed Conservation & Education Initiative, Center Conservation, Beaver Creek Youth Camp and other agencies who participate in this program and its employees, and agents and vendors throughout the camp visit.

Signature of parent or guardian or adult camper/staffer: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer: \_\_\_\_\_ Date: \_\_\_\_\_

**Health History**

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

**ALLERGIES** (List all known.)

Describe reaction and management of the reaction

**Medication allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Food allergies** (list)

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\_\_\_\_\_

**Other allergies** (list – include insect, hay fever, asthma, animal dander, etc.)

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATION BEING TAKEN**

Please list all medication **including over-the-counter or non prescription drugs** taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\_\_\_\_\_ This person takes NO medication on a routine basis.

\_\_\_\_\_ This person takes medications as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during summer: \_\_\_\_\_

\_\_\_\_\_

**HEALTH CARE INFORMATION**

Camper: \_\_\_\_\_

In my opinion, the above applicant:  is,  is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions: \_\_\_\_\_

**Recommendations and Restrictions at Camp**

Treatment to be continued at camp: \_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency): \_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions: \_\_\_\_\_

Known allergies: \_\_\_\_\_

**OVER-THE-COUNTER-MEDICATIONS**

To treat symptoms that your child might develop while at Camp, you are asked to fill out the following table of over-the-counter medications which might be administered to your child should he/she need to take them. The Nurse's Station is stocked with a moderate supply of Tylenol and Motrin, there is no need to send these or the items listed below. This is for the occasional need should your child develops one of the symptoms listed.

SYMPTOM	MEDICATION	DOSAGE	EVERY _____ HOURS	COMMENTS
Cough				
Allergy/Stuffy Nose				
Antihistamine / Decongestant				
Fever, Headache, Pain				
Diarrhea				
Constipation				
Upset Stomach				
Menstrual Cramps				
Bug Bites / Poison Ivy				
Sunburn				
Cuts, Scrapes				

**RESTRICTIONS**

The following restrictions apply to this individual:

**Dietary**

- Does not eat red meat                       Does not eat pork                       Does not eat eggs
- Does not eat poultry                       Does not eat seafood                       Does not eat dairy products
- Other (describe) \_\_\_\_\_

**Explain any restrictions to activity** (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

Additional information for health care staff at the camp: \_\_\_\_\_

**FOR CAMP USE ONLY:**

**SCREENING RECORD**

Date screened: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Meds Received: \_\_\_\_\_

Updates/additions to health history noted:     Yes     No     None required

Current health needs identified: \_\_\_\_\_

Observational notes: \_\_\_\_\_

Screened by: \_\_\_\_\_

**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE CAMP**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

VACCINE		Enter date each immunization was given			
DTP/DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)				
Td/DT	Tetanus-Diphtheria				
OPV/IPV	Polio				
Hib	<i>Haemophilus influenzae</i> type b				Required for children < 5 yrs. of age. See footnote "j" below.
Measles	Measles			Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio and hepatitis B is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes at left.	
Mumps	Mumps				
Rubella	Rubella				
HB	Hepatitis B				
Varicella	Chickenpox			History of disease. Yes _____ year (optional) _____ (See footnote "e" below)	
Other					

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Physician, nurse or school health authority)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

*Medical exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
 (Physician)

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**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

*Religious exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
 (Parent, guardian, emancipated student/consenting minor)

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**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

*Personal exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
 (Parent, guardian, emancipated student/consenting minor)

CDPHE-PSD-IMM 67375B14-RC10 7/02

Revised July 2002

**Payment Information**

Payment of \$125 per camper must be made before May 31, 2018 unless prior arrangements have been made with the camp director.

Please provide payment in the form of a check made out to:

**Rio Grande Watershed Conservation & Education Initiative  
Memo: Youth Conservation Camp 2018**

Mail to:

P.O. Box 142  
Monte Vista, CO 81144

In Person:

125 Adams Street  
Monte Vista, CO

All questions and concerns should be directed to **Bethany Howell**, camp director, by calling **719.480.4864** or email **rgwcei@gmail.com**.

**Don't Forget!**

- ✓ The Medical form must be filled out in its entirety and sent to the camp director by **June 5, 2018**. If this form does not accompany your camper(s), they will not be allowed to stay or participate in camp until it has been completed and sent in.
- ✓ Photocopy of front and back of health insurance card must be attached to this form.
- ✓ Also, a completed "Colorado Department of Public Health and Environment – Certificate of Immunization" form must be filled out and sent in with this health form.

**FORM CHECK LIST**

<input type="checkbox"/>	Registration Form	<input type="checkbox"/>	Full Payment	<input type="checkbox"/>	Medical Form
<input type="checkbox"/>	Copy of Immunization Form	<input type="checkbox"/>	Copy of Health Insurance Card	<input type="checkbox"/>	Authorization of Emergency Medical Care
<input type="checkbox"/>	Parental Consent Form	<input type="checkbox"/>	Camper Profile		

## Frequently Asked Questions

### **What to Bring:**

- ✓ Any necessary medication(s)
- ✓ Proper outdoor attire (bring clothes that can get dirty, wet, and sticky!). If your child prefers jeans, please pack something else lightweight and comfortable to change into in case the jeans become wet, sweaty, or uncomfortable.
- ✓ Sleeping bag and pillow
- ✓ Shower items and toiletries
- ✓ Towel for showers
- ✓ Sunscreen
- ✓ Lip balm
- ✓ Bug spray
- ✓ Ball cap or hat
- ✓ Sneakers (an extra pair or two are suggested)
- ✓ Hiking boots or stiff-soled sneakers
- ✓ Clothes for warm and cool weather (please include a lightweight sweater or jacket)
- ✓ Rain jacket
- ✓ Flashlight

*\*If you do not have these items or need help finding them, please contact Bethany Howell. We will gladly work with you to prepare your child for camp.*

### **What NOT to Bring:**

#### Clothing

- Halter tops
- Spaghetti straps
- Tube Tops
- Bare midriff or cut-off tops
- Inappropriate or vulgar t-shirts
- Short shorts

#### Other Items

- Tobacco, drugs, or alcohol
- Fireworks, knives, or weapons
- Candy or other food items
- Expensive electronic devices
- Lighters or matches
- Valuable items
- Cell phones (will remain in the custody of the camp director, to be used only for emergencies or with approval from counselors)

### **Directions to Camp:**

#### ***From the East***

Go west on Highway 160 through South Fork towards Pagosa Springs. Just outside of South Fork, there will be a green sign that says, "National Forest Access Beaver Creek Road," turn left and cross the creek. Follow Beaver Creek Road for 3 miles and you will come to a brown sign that says, "Beaver Creek Youth Camp" and points to the right. Take the road to the right that immediately follows it. Follow this road down the hill and up and around

the curve to the left. There will be another brown sign that says, "Beaver Creek Youth Camp" to the left. Follow the road up the hill to the camp.

***From the West***

Go east on Highway 160 toward South Fork and Alamosa. Just before arriving in South Fork there is a green sign that says, "National Forest Access Beaver Creek Road." Turn right and cross the creek. Follow Beaver Creek Road for 3 miles and you will come to a brown sign that says, "Beaver Creek Youth Camp" and points to the right. Take the road to the right that immediately follows it. Follow this road down the hill and up and around the curve to the left. There will be another brown sign that says, "Beaver Creek Youth Camp" to the left. Follow the road up the hill to the camp.