

MYFGA 2018 Summer Camp Application

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Please complete application and health physical and mail all completed forms to:
Maine Youth Fish and Game Association - PO Box 337 - Stillwater, ME 04489

- ___ Physical or physician's form completed within past 2 years
- ___ Photograph permission signature
- ___ Code of Conduct with parent and child signatures
- ___ Payment/ Made out to Maine Youth Fish and Game
- ___ Completed application with up-to-date Emergency contact information
- ___ T-Shirt size
- ___ Number of family members attending BBQ on Friday

CAMPER INFORMATION

Camper's name _____ Gender M / F
Date of Birth ___/___/___ Age/Grade at time of Camp _____ **T-shirt size: Child: S / M / L**
New or Returning Camper? _____ **Adult: S / M / L / XL**

List of friends (first and last name) that will also be attending Camp: _____

Number of people (including camper) who will be attending the Family BBQ on Friday? _____

Mailing Address: _____

Parent/Guardian #1 _____ **Parent/Guardian #2** _____

Employer: _____ Employer _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Siblings? Names / Ages _____

OTHER EMERGENCY CONTACTS, CARETAKERS, PEOPLE INVOLVED WITH PICK-UP, DROP-OFF, ETC.

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Relationship to camper _____ Relationship to Camper _____

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There will be three sessions of MYFGA summer camp this year!

Week 1 – Youth age 12-15 years.

Week 2 and Week 3 – Youth age 8-11 years

Younger campers may choose from either Week 2 or Week 3, but not both.

Older campers in Week 1 will have an overnight camping experience on Wednesday and Thursday nights. All sessions end on Friday with a Family BBQ from 12:00-1:30 pm.

All campers must be picked up at Pickerel Pond on Friday afternoons.

Enrollment is on a first come, first serve basis, and when one week is full, campers will be offered the choice of the 2nd week or they may have their name placed on a waiting list.

Camp runs from Monday- Friday.

There will be a maximum of 60 campers per week and due to high enrollment, a camper may only attend one week, not both. Week 1 will have a maximum capacity of 48 campers.

SESSION 1: For kids age 12-15 years old _____ \$150.00
June 25th - 29th

SESSION 2: For kids age 8-11 years old _____ \$125.00
July 9th - 13th

SESSION 3: For kids age 8-11 years old _____ \$125.00
July 16th - 20th

The bus will be at the Lewis S. Libby School in Milford for both drop-off & pick-up
Drop-off at approx. 7:30 am Pick-up at approx. 4:30 pm

On Friday – we provide a family BBQ from 12:00- 1:30 pm at Pickerel Pond. We encourage the camper's family to come out and enjoy activities with their camper as a great week draws to a close.

We ask that campers be picked up by 1:30 on Friday at Pickerel Pond following the Family BBQ.

CAMP SCHOLARSHIPS

Camp Scholarships are available to help families with the cost of camp and are awarded based on demonstrated financial need. We ask that the family contribute a portion of the camp tuition (typically half of the regular tuition fee), if assistance is requested. If you would like your child to be considered for a scholarship, please fill out the following section and enclose a brief statement regarding financial need and provide a small portion of tuition of financially able.

____ Yes, I would like information on camper assistance. Please contact me as follows:

Name/Address: _____

Phone number: _____

Email: _____

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*****PHOTO & VIDEO PERMISSION*****

I give permission for photographs and/or video of my camper to be used in newspaper, website, radio, and other forms of media to share camp activities with the community and to promote Maine Youth Fish and Game Association and Summer Camp.

Yes: _____ No: _____ Photo only/ NO names attached: _____

Parent/Guardian Signature _____

*****CODE OF CONDUCT*****

My camper and I have read the attached Code of Conduct and agree to abide by the rules and policies. We understand that if the camper does not follow these rules with reasonable effort and redirection by camp staff, they will be asked to leave camp and not return and there will not be a refund for fees paid.

Parent Signature _____ **Camper Signature** _____

Please take a moment to help us ensure a positive experience for your camper by answering all the questions below. Feel free to attach pages if you need more space or contact our Summer Camp Director, Jim Winslow Cell # or

Please share any known restrictions that may hinder participation in daily activities, including any needed physical assistance that may be required to perform routine tasks. Include any social/behavioral concerns and strategies you recommend for assisting your camper as needed.

During our daily activities, MYFGA will strive to maintain a 1:8 camper/staff ratio.

If your child needs additional aid or required a 1:1 aide or direct supervision in school, please consider attending camp with them or providing someone to assist your child as needed. Contact our Summer Camp Director if you need additional care for your child at camp.

Behavioral/Social concerns – best strategies to assist your child as needed: _____

Goals you or your camper would like to see accomplished during camp: _____

What other information can you share about your camper to help make the MYFGA Summer Camp a successful experience for this year? _____

Immunizations & Physician's Physical Forms

MYFGA requires all campers to submit a copy of current immunizations, a brief health history, and physician's assessment or school/sports physical form with your application. Please include a current

medication list if your camper requires any type of medication while attending camp.

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UNIVERSITY OF MAINE STUDENT LIFE CAMPUS RECREATION RELEASE AND ASSUMPTION OF RISK

*Campus Recreation will not share the personal information noted below;
it will be used for important membership- or program-related communications.*

***** PLEASE PRINT CLEARLY *** UN-READABLE WAIVERS WILL BE DISCARDED.**

I, (*Participant's Full Name:* _____),

of : (_____),

Street Address

City

State

Zip

(*Email:* _____), (*Phone:* _____)

being _____ years of age (having been born on ____/____/____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the facilities, programs and services of the Program from ____/____/____ (today) through exactly one year (365 days) from today, and in consideration of being permitted use of these facilities and participation in these programs, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.

2. That I have been fully informed of the nature, scope and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

*See page 2 for specific risks and dangers of the Program.

3. That the University of Maine System and its University of Maine (hereinafter referred to as the "University") have informed me that there may be dangers and hazards inherent to participants in the Program because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify,

hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program INCLUDING AS A DIRECT RESULT of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4. I declare that I am able to physically withstand and cope with the disclosed rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact the Director of Campus Recreation, Jeff Hunt, at 581-1082.

5. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby:

Assented and agreed to on this _____ day of _____, 20_____.

Signature of Participant

***** REQUIRED

FOR LEGAL GUARDIANS OF MINORS / DEPENDANTS:

I, _____, the parent or legal guardian of
Name of Parent / Legal Guardian

Name of Minor/Dependant

agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Parent or Legal Guardian Signature

* Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:

all manner of injury resulting from falling and impacting the floor, ground, wall and climbing tower surfaces and projections, whether permanently or temporarily in place abrasions, entanglements, and other injuries resulting from activities within the Maine Bound Adventure Center, Campus Recreation Center or outdoor fields including but not limited to climbing, rappelling, ascending, descending, bouldering, and any other rope or climbing techniques or maneuvers injuries resulting from falling or dropped items including but not limited to ropes, climbing hardware, climbing holds/hardware, chalk, chalk bags, personal items, and other climbers or participants cuts, abrasions, and burns resulting from contact with the climbing tower, bouldering wall, the floor, ropes, and/or other people failure of exercise equipment, ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing tower, bouldering wall, or MBAC or other Campus Recreation structure injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocations, joint swelling, muscle aches, and fractures harm and injury, including death, shortness of breath, and lightheadedness, resulting from increased heart rate, increased blood

pressure, and strenuous physical activity.

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**PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
ATV SAFETY INSTRUCTION AT MYFGA SUMMER CAMP ON PICKEREL POND**

DESCRIPTION AND LOCATION OF EVENT(S)

IN CONSIDERATION of my minor child (“the Minor”) being permitted to participate in any way in the EVENT(S) and/or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited), I agree:

1. I know the nature of the EVENT(S) and the Minor’s experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact. IF I OR THE MINOR BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into the

Restricted Areas involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by the Minor’s own actions, or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR’S FUTURE.

3. I consent to the Minor’s participation in the Event(s) and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW.
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s), premises or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluations or loss control activities regarding the premises or Event(s) and each of them, their directors, officers, agents, and employees, all for the purposes herein referred to as “Releasees,” FROM ALL LIABILITY TO ME, THE MINOR, my and the minor’s personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death and damage of property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE.
5. If, despite this release, I, the Minor or anyone on the Minor’s behalf makes a claim against any of the “Releasees” named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and their insurance carrier, and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGES, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE “RELEASEES” NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

6. I sign this agreement on my own behalf and on behalf of the Minor.

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES’ FAULT,

AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

_____	_____	_____
SIGNATURE OF PARENT/GUARDIAN	PRINTED NAME OF PARENT/GUARDIAN	DATE
_____	_____	_____
SIGNATURE OF THE WITNESS PARTICIPANT	PRINTED NAME OF WITNESS	DATE

NAME and AGE OF MINOR		

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MINOR’S ASSUMPTION OF RISK ACKNOWLEDGEMENT

ATV SAFETY INSTRUCTION AT MYFGA SUMMER CAMP

DESCRIPTION AND LOCATION OF EVENT(S)

DATE RELEASE SIGNED

I have obtained my parent’s consent to participate in the event(s). I understand that I am assuming all of the risks if I get hurt during the event(s) and I state the following:

1. Both my parents and I believe I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).
2. I understand that the **ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT MY BEING PARALYZED OR KILLED.**
3. I know that these Risks and dangers may be caused by my own actions or inactions, the actions

or inactions of others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the event(s).

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

Parent Information Page

PLEASE KEEP – DO NOT RETURN WITH APPLICATION

When all forms are received, you will receive a confirmation letter in the mail.

DATES TO REMEMBER:

Week 1 – Youth age 12-15 -June 25th -29th - Overnights on Wednesday and Thursday

Week 2 – Youth age 8-11 -July 9th - 13th – day camp only

Week 3 – Youth age 8-11 – July 16th - 20th – day camp only

The bus will be at the Lewis S. Libby School in Milford for both drop-off & pick-up
Drop-off at approx. 7:30 am Pick-up at approx. 4:30 pm

On Friday – we provide a family BBQ from 12:00- 1:30 pm at Pickerel Pond. We encourage the

camper's family to come out and enjoy activities with their camper as a great week draws to a close. We ask that campers be picked up by 1:30 on Friday at Pickerel Pond following the Family BBQ. There is no bus service on Friday afternoons.

Please keep in mind that MYFGA Summer camp is an outdoor recreational opportunity in which campers will learn valuable outdoor skills while participating in a wide variety of physical activities. These may include boating, fishing, capsized recovery (swimming), firearms safety, archery, hiking on uneven terrain, obstacle courses, as well as several special events throughout each week.

Campers are expected to participate with their group, within their capabilities in the activities mentioned above as well as other activities requiring physical effort, focus, and attention to direction. Please share any known restrictions that may hinder participation in these activities, including any needed physical assistance that may be required to perform routine tasks. During our daily activities, MYFGA will strive to maintain a 1:8 camper/staff ratio.

Please remember that campers will participate in all activities, rain or shine please bring, raincoat, bug spray, sunscreen, and a water bottle every day. Please pack a lunch and snacks each day.

*****Medication Policy*****

Only required prescription medications should be sent to camp with your child. They must be in the original container.

Please do not send any over the counter medications including Tylenol (acetaminophen), Advil (ibuprofen), or allergy medications.

If your child requires any type of medication during the day at camp or during the overnight, please contact our Camp Director –Jim Winslow at:

jim.winslow@maineyouthfishandgame.org or 802-345-6887

Emergency physical assessments, first aid, and medication administration are provided by our Camp Nurse. Staff are trained and certified in First Aid/CPR/AED.

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Parent Information Page

PLEASE KEEP – DO NOT RETURN WITH APPLICATION

*****Code of Conduct*****

The following guidelines are designed to make the MYFGA summer camp experience safe and enjoyable for everyone involved. This means that all participants - campers, counselors, presenters, and staff - shall respect the individual rights, safety, and property of others.

We ask that all campers and their parent/guardian read, agree to, and sign the following code of conduct. If a camper does not, or is not able to follow this code of conduct and cannot be redirected or remain safe to themselves and those around them, the parent or guardian will be called to come to camp to pick up their child, and they will be asked NOT to return and a refund will NOT be issued.

* **There is a ZERO tolerance policy on bullying.** We strive to provide a safe, educational, and enjoyable experience for all campers of all abilities. Counselors and staff are trained in group behavior

and will enforce this policy if any camper is found to be bullying another child in any manner.

* All campers are expected to stay with their assigned groups for the duration of camp, participate in daily activities, and to comply with camp rules and safety regulations.

*There will be no electronics used at camp. **Please leave all cell phones, iPods, MP3 players, kindles, etc. at home.** In the event of an emergency if the camper needs to make contact with home, the Camp Director has all necessary contact information and will contact parents/guardians.

*Obscene and discriminatory language, unnecessary roughhousing, and disrespect to other campers, staff, volunteer presenters, or camp property will not be allowed.

*The possession of alcohol, non-prescribed medication, knives, firearms, or weapons from home is not permitted. We will provide all firearms, archery, and knife safety equipment as needed.

After reading through the Code of Conduct with your child(ren), please sign the Code of Conduct acceptance section of the application.

If you have any questions or concerns, please do not hesitate to contact the Camp Director Jim

Winslow: jim.winslow@maineyouthfishandgame.org or 802-345-6887.

I check messages multiple times daily and will have my cell phone available each day at camp, however, cell phone signal is not guaranteed at all locations. If you need to contact your child in an emergency and cannot contact me, please call Matt Redding at 207-852-0528 or

Kevin Sirois 207-299-5681.