

(Office Use Only) Camper Number \_\_\_\_\_  
Sponsoring Organization if Applicable \_\_\_\_\_

2010  
Karl E. Kelley Memorial  
Conservation Officers' Youth Camp  
Application

**Eligibility:** Open to children who have completed the fifth or sixth grade in the previous school year and **who have not attended this camp previously.**

**Camp Dates: June 20 - 26, 2010**

**Location: Ross Camp, Tippecanoe County**

**Cost: \$250.00 Make checks payable to ICOO**

**Applications must be made with camp fee to be considered. Fee will be returned if applicant not accepted. Due to popularity of camp and limited availability, no repeat campers will be selected**

**Return application to: ICOO YOUTH CONSERVATION CAMP DIRECTOR  
ICO Matt Tholen  
30 Professional Ct Suite #1  
Lafayette IN 47905**

All applicants will be advised by mail of status. Complete reporting instructions will be sent when camp roster is completed. The ICOO reserves the right to determine the number of campers accepted each year.

**Please be sure that all forms are completed with accurate sizes (especially Life Jackets) and signed, incomplete applications will not be considered.**

Please Print or Type

Camper's Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State ZIP

**Email address:** \_\_\_\_\_

DOB \_\_\_ - \_\_\_ - \_\_\_ Sex M\_\_ F\_\_ School Grade currently in \_\_\_

T-Shirt Size (Adult) XXL \_\_ XL \_\_ L \_\_ M \_\_ S \_\_

Camper's Weight \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from camper)  
\_\_\_\_\_

Telephone (home) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_

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Emergency contact other than parent:

Name \_\_\_\_\_ TX \_\_\_\_\_

Buddy Choice \_\_\_\_\_ Camper number \_\_\_\_\_ (office)

Each camper may select one camper to be a buddy who will be assigned to the same group, if buddy choice is selected as a camper. All other buddy assignments will be randomly selected. Buddy choices will not be changed after group assignments have been made.

**Scholarships:** Any group or individual that wishes to offer a paid scholarship to the ICOO Youth Camp may do so by completing the application or by sending a letter of intent with the camp fee to the above address. Scholarships will not be reserved until the camp fee is received. Names of campers to fill these spots must be forwarded to the camp director no later than **March 14, 2010**

**The ICOO will not select campers to fill prepaid spots. This is the sole responsibility of the sponsoring group.**

### Campers Health Record

Camper name \_\_\_\_\_

Insurance Policy that covers camper \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

TX ( ) \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holders Name \_\_\_\_\_ Group Number \_\_\_\_\_

**Campers parent or guardian will be responsible for any medical expenses incurred at camp**

Family Doctor \_\_\_\_\_

TX: \_\_\_\_\_ Emergency contact TX: \_\_\_\_\_

**On separate sheet, please advise if any of the following apply:**

1. Physical conditions or dietary needs that require special attention by camp staff.
2. Current illnesses, diseases, or any other medical conditions that may require special attention by camp staff.
3. Taking regular medication (Prescription or otherwise) Please list and give instructions. Prescription medication will not be allowed unless listed.
4. Allergies, including foods and medications used to treat condition.
5. Asthma, list treatment needed to control.
6. Date of last Tetanus shot (must be current before camp)

**Campers are responsible to providing needed prescription medications. Over-the-counter medication will be available at the camp.**

**These must be checked in with camp medical officer and picked up before leaving camp**

#### **GENERAL RELEASE AND CONSENT**

I, the Undersigned, hereby certify that I am the legal parent or guardian of the prospective camper listed below, who desires to participate in the Indiana Conservation Officers' Youth Camp. I understand that some of the scheduled activities will take place off of the Ross Camp property and give my consent for my child to be transported as necessary by the camp staff. I understand that campers will be given the opportunity to participate in various recreational activities including but not limited to operation of recreational vehicles and discharging of firearms. They will be under the supervision of Indiana Conservation Officers and camp staff, but there are inherent risks that accompany these activities. In the event of an injury or medical emergency where doctor or hospital care is required, I am aware that I am responsible for any expenses incurred by my child. I hereby give consent for any emergency medical treatment or procedures that my child may require at any medical facility deemed necessary by camp staff or emergency personnel.

On behalf of myself, my child, our personal representatives, heirs and assigns, I hereby release and discharge the Indiana Conservation Officers Organization, its members, the Indiana Department of Natural Resources and its employees, Camp staff and the Tippecanoe County Parks and its representatives from any and all claims of property damage or personal injury resulting from my child's participation in the ICOO Youth Camp. I understand that my child will be subject to the disciplinary policies of the camp and refusal to abide by camp policies is grounds for dismissal from camp. I understand that I am responsible for my child's transportation to and from camp. In the event of a disciplinary dismissal I am required to provide transportation at the time requested by camp staff.

I understand and acknowledge the significance and consequences of such specific intention to release all claims, and hereby assume full financial responsibility for any injuries, damages, losses and medical expenses that my child or I may incur from the aforementioned event.

Parent signature \_\_\_\_\_ date \_\_\_\_\_

Child name (print) \_\_\_\_\_

