

Application Form
2009 AACD Youth Conservation Workshop
Camp Clearfork – June 7-12, 2009

Participant name: _____

Medical Form

(required for acceptance)

Male Female (circle one) SSN _____ Date of Birth _____

Full name of parents or guardians: _____

Mailing address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____

Cellular phone: _____ (name of phone user) _____

Email address: _____

If the persons above cannot be reached, name of emergency contact and relationship _____ Phone Number: _____

Name of family health insurance company _____

Name of primary policy holder _____

Policy Number _____

By my signature I give permission for the staff or campus health provider to administer the following over the counter medications: (please list all)

I specifically forbid the administration of the following over the counter medications (list)

Signed (parent or guardian) _____ Date _____

Printed name of parent or guardian _____

MEDICAL HISTORY

List all medications participant currently takes:

List all medical conditions currently under treatment: -

Has participant lost a paired organ such as an eye or kidney? If yes, explain,

Is participant allergic to any medications? If yes, list:

Date of last Tetanus immunization: _____

Participant name: _____

The Arkansas Association of Conservation Districts - Youth Conservation Workshop has made arrangements at the local health center for treatment of minor injuries or illnesses which may occur while your son or daughter is participating in the program. The paragraph which follows specifically addresses your consent for treatment. There is a limited insurance policy covering all participants during the program. Your signature below indicates that you recognize that the Arkansas Association of Conservation Districts - Youth Conservation Workshop, limited insurance, or otherwise, will not be responsible for pre-existing conditions. Your signature further indicates that you have provided all pertinent information to the medical questions to insure the proper treatment of your child should the need arise.

The law requires that parental consent be obtained for medical treatment of minors. Your signature below indicates your consent for such procedures as are deemed necessary by medical personnel so that no unnecessary delays occur and so that prompt treatment may be rendered. No operative procedure, except in an emergency, will be performed without direct contact with you or your designated representative. I hereby give permission for such diagnostic, therapeutic, or emergency operative procedures as may be deemed necessary for my son or daughter. I further authorize the release of any medical information required to process insurance claims requests or supplies for services required. I understand that I am financially responsible for any and all charges incurred which are not covered by AACD - YCW limited insurance policy.

Signed: (parent or guardian) _____

Relationship _____

Date _____

Participant name: _____

Please note, the signatures below are required for acceptance to the 2009 Arkansas Association of Conservation Districts - Youth Conservation Workshop.

The AACD staff and counselors will provide 24 hour supervision of all participants for the duration of the event beginning after registration on Sunday and until dismissal on Friday. At no time will a participant be allowed to leave the group unattended for any reason.

I / We, the undersigned, agree to comply with the rules and guidelines of the Arkansas Association of Conservation Districts - Youth Conservation Workshop (AACD-YCW). I / We fully recognize the authority of the Education Coordinator to dismiss any participant for health, safety, or disciplinary reasons. I / We recognize that violations of the law related to drugs or alcohol will be dealt with through local law enforcement. Please note that the AACD-YCW is being conducted on federally owned camp facilities and that weapons of any sort are strictly prohibited.

The participant whose signature appears below has permission to participate fully in all activities of the AACD-YCW, including swimming and the use of recreational facilities as provided through the program. Limitations are listed in the medical and profile sections of the application form.

I / We fully absolve the AACD-YCW, its sponsors, staff, and volunteers of any liability in connection with the medical treatment, including hospitalization, for the participant whose signature appears below.

In the event that a participant is required to (or voluntarily wishes to) leave the program prior to the end of the event, the following persons are permitted to pick up the participant. Please note that the participant will NOT be released to a person not listed in this form.

Name(s): _____

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Participant name: _____

Release of Liability
2009 Arkansas Association of Conservation Districts - Youth Conservation Workshop
June 7 – June 12

_____ (printed name of participant) has my permission to participate in the canoe trip and environmental study sessions conducted on the Ouachita River.

Please note that this is not a trip on a whitewater river. This trip will be on the Ouachita River. Adult staff with canoe certification will be supervising the activity. A canoe training session will be conducted to prepare novice paddlers in advance of the trip. All participants will be required to wear personal flotation devices at all times when on the river. Safety equipment will be available at all times.

This activity, while important to the instruction of the students, cannot be made mandatory. Special provisions will be made for those students electing not to participate, and the classroom content conducted during the trip will be presented in a lecture style to prepare non- participating students for the comprehensive final exam.

While safety will be considered in all stages of the planning and execution of this trip, there are always events that can't be predicted. As evidenced by our signatures below, I / we agree to release AACD, the staff and volunteers of the Arkansas Association of Conservation Districts, the YCW sponsors, and those adult staff members brought in to assist with the trip from any liability associated with participation in the canoe trip on the Ouachita River.

Signature of Participant

Date

Signature of Parent or Guardian

Date

Participant name: _____

Grade Level Completed _____ High School: _____

Tee shirt size (circle) S M L XL XXL

Accomplishments and extracurricular activities _____

Your interest in conservation and natural resources: _____

Use additional sheets if needed on the previous questions.

Participant Checklist:

- All blanks completed legibly? _____
- Social Security Number printed correctly? _____
- Emergency contact names and numbers correct and legible? _____
- Medical form complete, including prescribed medications? _____
- Are there any special restrictions or additional information that the YCW staff will need to adequately safeguard the participant during the week? _____ If so, use a separate sheet to explain.
- Are all required signatures in place? _____

Conservation Districts

Please note that the following information must be completed and signed by the sponsoring Conservation District before the participant named herein can be processed and accepted.

Review of application information to insure that complete and accurate information is provided has been done by (Name of staff) _____ Date _____ Signatures of parents or guardians and of the participant are required in several places. Information such as Social Security Numbers (SSN) are also required.

Payment accompanies this application in the amount of \$ _____. Check No. _____

The applicant named herein was approved by the _____ Conservation District

Signature of District staff processing this application _____

Signature of Program Coordinator reviewing this application _____

Signature of Conservation District Chairman _____

Received by AACD on _____ by _____

Participant name: _____

Conservation District Checklist:

Has a complete review of this application has been performed and corrections or additions made where required? Include the participant questions above plus:

Original signature of the District staff member processing the form in place? _____

Original signature of the CD staff member assigned to the District in place? _____

Original signature of the District Chairperson in place? _____

Payment for the registration(s) included with the application? _____ If no, attach explanation or justification.

AACD – YCW Checklist:

Date received: _____

All prior reviews complete: _____

If not, date returned to participant / district: _____

Date participant information sent: _____

Participant response received: _____

Medical forms copied: _____

Special needs: _____ (allergies, medications, diet)

Conservation District review complete and signed: _____

Payment enclosed: _____

If payment is not enclosed, date invoice sent: _____

Date forwarded to AACD: _____, 2009