

Chilliwack Fish & Game Protective Association

2010 Youth Outdoors Skills Camp

July 2, 2010 to July 11, 2010

Information & Application Package

This package contains the following documents:

- ⊕ Introduction Letter – 1 page
- ⊕ Application Form – 1 page
- ⊕ Parent/Guardian Consent Form – 1 page
- ⊕ Physical Fitness / Medical Form – 2 pages
- ⊕ Permission to Use Photographic Likeness Form – 1 page
- ⊕ Camp and Course Rule – 1 page
- ⊕ General Rules – 1 page
- ⊕ Kit List – 2 pages

Please complete and return the following documents

NO LATER THAN APRIL 15, 2010

- ⊕ Application Form – 1 page
- ⊕ Parent/Guardian Consent Form – 1 page
- ⊕ Physical Fitness / Medical Form – 2 pages
- ⊕ Permission to Use Photographic Likeness Form – 1 page

Please submit this application as soon as possible:

By mail to:

Chilliwack Fish & Game Protective Association
c/o Laurie McGladdery
P.O. Box 128
Chilliwack, BC
V2P 6H7

OR By Email to:

Laurie McGladdery
landl41@shaw.ca

CHILLIWACK FISH & GAME PROTECTIVE ASSOCIATION

2010 - YOUTH OUTDOOR SKILLS CAMP

The Chilliwack Fish & Game Protective Association (CFGPA) will conduct a Youth Outdoor Skills Camp at our club facilities at 48685 – Chilliwack Lake Road, Chilliwack B.C.

The course objective is to provide 20 co-ed students **aged 13 up to 15 years of age** the necessary training and support to successfully complete the following courses:

- Canadian Firearms Safety Course
- C.O.R.E. (Conservation Outdoor Recreation and Education) hunting course resulting in the student gaining a B.C. Resident Hunter Number.
- Wilderness First Aid
- Wilderness Survival
- Bear Aware
- Basic Canoeing Safety

The camp will commence on Friday, July 2, 2010 and conclude on Sunday, July 11, 2010.

Students will be housed in high wall tents and fed at the club's kitchen. Tents are provided by CFGPA. **Students will be supervised 24/7.** The female students will have a Den Mother onsite 24/7 who will share the same accommodations with the girls, in addition to regular supervision. **There will be a temporary shower provided on site for the students.**

While the course is reasonably intensive, the recreational and fun aspect will be stressed. Each student, upon acceptance, will receive a "**Kit List**" of items to bring and items "**Not**" to bring. Parents and guardians will be given a **Consent Form**, and a **Physical Fitness/Medical Form** (in case a student is required to take daily medication). The course fee is **\$500.00** and is payable only upon acceptance at which time a course manual will be issued.

The fee also includes a **Junior Membership** in the CFGPA organization for one year which also provides each junior member with a \$5,000,000.00 liability insurance coverage when engaged in Outdoor pursuits.

The camp is composed of all Volunteers who have been subject to a Canadian Police Information Services Criminal Record Check and have been scrutinized by the Club President and found suitable before attending the camp.

Our volunteers are "**highly regarded**" for their efforts and sacrifices and are much needed. If you would like to be part of this great endeavour to Educate our Youth in the Outdoor World or if further details are required please feel free to contact one of the following:

CAMP CHAIRS	PHONE NO.	EMAIL ADDRESS
Laurie McGladdery	604-796-8727	landl41@shaw.ca
Jim Mac Donald	604-703-2751	jmacdonald@chilliwack.ca

2010 - YOUTH OUTDOOR SKILLS CAMP

APPLICATION FORM -- (ages 13 up to 15 yrs.)

[_____] [_____] [_____]
Student's Surname (Print) First Name (Print) Middle Name

Birthdate: [DD] [MM] [YY] [Sex]

[_____] [_____]
Street Address Apt. #

[_____] [_____] [_____]
City Province Postal Code

[_____] [_____]
Home Phone Number Emergency Phone Number

[_____] [_____]
Parent/Guardian Surname (Print) First Name

I _____ dated _____ hereby apply to enroll my son/daughter/charge in the Youth Outdoor Skills Camp conducted by the Chilliwack Fish & Game Protective Association between July 2, and July 11, 2010.

I understand I will be contacted by a Representative of the CFGPA in regard to this application. Every effort will be made to accommodate my son/daughter/charge, for the camp. The final decision for acceptance will be based on a personal interview before the camp commences.

Please submit this application as soon as possible to:

Chilliwack Fish & Game Protective Association
c/o Laurie McGladdery
P.O. Box 128
Chilliwack, BC
V2P 6H7

OR By Email to:
Laurie McGladdery
landl41@shaw.ca

**Chilliwack Fish & Game Protective Association
Youth Outdoor Skills Camp**

PARENT/GUARDIAN CONSENT FORM

(Note: If applicant is under 18, the parent/guardian MUST sign)

Youth's Name: [_____] Phone: [_____]

Street Address: [_____] City: [_____]

Province: [_____] Postal Code: [_____]

Date of Birth: DD [_____] MM [_____] YYYY [_____] Sex: Male: [___] Female: [___]

Parent/Guardian Name: (Please Print) [_____]

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with the club activities, there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge or designate to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Residents of Quebec:

Experience has shown that in connection with activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

If you will be absent from your normal place of residence during the period when the event is being held, PLEASE indicate where you can be contacted:

Name: [_____] Phone: [_____]

Address: [_____] City: [_____]

Province: [_____] Postal Code: [_____]

OR: I will attend the event/activity with my child/ward Yes [___]

Permission to Participate:

I the undersigned, have read, understood, and completed the above, and have been briefed regarding the nature of the activity, and I hereby give my permission for my child/ward to attend and participate in:

[___] the following event/activity: ***Youth Outdoor Skills Camp***

[___] at the following location: ***48685 – Chilliwack Lake Road, Chilliwack, BC***

[___] with the following Leaders in charge: ***Jim MacDonald and Laurie McGladdery***

[___] on the following dates: ***July 2, 2010 to July 11, 2010***

I have reviewed the information on my child's/ward's Physical Fitness/Medical Form and confirm that the information is up to date.

Parent/Guardian signature: _____ Dated: _____

Chilliwack Fish & Game Protective Association Youth Outdoor Skills Camp

PHYSICAL FITNESS / MEDICAL FORM

NOTE: Make sure both pages of this certificate are completed.

This form is to be filled out by the parent or guardian at the beginning of each year or before the start of a Chilliwack Fish & Game Protective Association special activity, and kept by the leader(s) of the activity. It is the parent's/guardian's responsibility to update the leader of any changes in the medical condition of the child/ward throughout the year.

Adult participants/volunteers should also fill out this form where their participation is a significant part of the activity.

Surname: [_____] First name: [_____]

Middle Name: [_____] Birthdate: DD [____] MM [____] YYYY [_____]

Gender: Male: [____] Female: [____]

Street Address: [_____] City: [_____]

Province: [____] Postal Code: [_____] Phone: [____] [_____]

Physician's Name: [_____] Phone #: [____] [_____]

Participant's BC Medical Health Care #: [_____]

Emergency Medical Information:

Does the applicant have any allergies: Yes [____] No [____] **If yes, please indicate:**

Medicine [____] Insect Bites [____] Toxins [____] Food [____]

Smoke [____] Plants [____] Animals [____] Other [____]

Details: _____

The Applicant has had: (Please mark)

Appendicitis [____] Chicken Pox [____] Mumps [____] Measles [____]

Heart Condition [____] Kidney Disease [____] Rheumatic Fever [____]

Scarlet Fever [____] Other [____]

Details: _____

Is the Applicant subject to any of the following? (Please mark)

Asthma <input type="checkbox"/>	Bed Wetting <input type="checkbox"/>	Bleeding Disorders <input type="checkbox"/>
Contact Lenses <input type="checkbox"/>	Convulsions <input type="checkbox"/>	Cramps <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Ear problems <input type="checkbox"/>	Fainting Spells <input type="checkbox"/>
Headaches <input type="checkbox"/>	Hernia <input type="checkbox"/>	HIV <input type="checkbox"/>
Motion Sickness <input type="checkbox"/>	Nightmares <input type="checkbox"/>	Sleepwalking <input type="checkbox"/>
Other <input type="checkbox"/>		

Details: _____

If female: has the youth menstruated? Yes No

If **No**, has she had menstruation explained to her? Yes No

Is the participant pregnant? Yes

Does the participant require special care, medication or diet? Yes No

Details: _____

Date of most recent Medical examination? Month[_____] Year[_____]

Date of the last Tetanus Shot? Month[_____] Year[_____]

Swimming Abilities: Non-swimmer: Swimmer: Level achieved: [_____]

Has it ever been necessary to restrict the applicant's activities for medical reasons?

Yes No

Details: _____

Parent/Guardian Signature: _____ Date: _____

Participant/Volunteer Signature: _____ Date: _____

Chilliwack Fish and Game Protective Association

Mailing Address: P.O. Box 128, Stn. Main, Chilliwack, BC V2P 6H7

Facilities Location: 48685 Chilliwack Lake Rd., Chilliwack, BC V4Z 1A6 ☎ Phone: 604-858-4202

PERMISSION TO USE PHOTOGRAPHIC LIKENESS FORM

Event: Youth Outdoor Skills Camp 2010

I hereby grant to Chilliwack Fish and Game Protective Association, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Chilliwack Fish and Game Protective Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and internet content.

I have read and understand the above:

Name: (please print) _____

Signature: _____

Address: _____

Date _____

Signature of parent
or guardian:
(If under age 19) _____

**Chilliwack Fish & Game Protective Association
Youth Outdoor Skills Camp**

CAMP AND COURSE RULES

1. Every request made or direction given by an **Instructor** or **Camp Staff** will be responded to **immediately**.
2. Sullen, insolent or disrespectful behaviour will NOT be tolerated.
3. Deliberate disregard for the safety of others or of Camp facilities will be treated as a serious breach of camp Rules.
4. Safety is everyone's responsibility. Watch out for unsafe or dangerous situations and/or conditions. Report them to Camp Staff or other responsible person(s) - immediately.
5. These simple rules are NOT negotiable. Breach of these rules will result in the cancellation of the offenders Course and immediate removal from the grounds.

**CHILLIWACK FISH & GAME PROTECTIVE ASSOCIATION
YOUTH OUTDOOR SKILLS CAMP**

RULES

Students WILL:

1. Treat staff and other students with **respect** and **dignity**.
2. Refer to staff as Mr., Mrs., Ms.
3. Refer to fellow students by the name on their Name Tags.
4. Speak clearly and use **no profanity**.
5. Ask questions when you have concerns or doubts pertaining to the Camp.
6. Be in Classroom or prescribed areas **ON TIME**.
7. Partake in all **classes, meals, and events**.
8. Walk, not run, unless during exercise periods.
9. Have all needed supplies for class with you.
10. Keep personal hygiene.
11. Wash before meals and snacks.
12. Wash personal eating tools and plate after every meal or snack.
13. Wash hands and face thoroughly after **Live Fire** events.
14. Shower and change clothes.
15. Keep tents and bunk area clean and tidy.
16. Obey all **SAFETY RULES** from Instructors without question.
17. **Respect** others and their space.

Students WILL NOT:

1. Smoke or chew tobacco.
2. Have matches, lighters, or open flame in or around tent lines.
3. Take drugs other than those prescribed by a physician.
4. Have large knives, cudgels, stars, numchucks or other items as weapons.
5. Enter into heated arguments.
6. Partake in horseplay, hazing, or bullying.
7. Make sexual comment or harassment of anyone.
8. Make one's self annoying.
9. Be late or tardy for Meals and Class.
10. Leave Club grounds without specific permission.
11. Have cell phones, iPods, MP3 players, or hand held game systems.
12. Eat snacks or other food in the tents or bunks (**this attracts insects**)

CHILLIWACK FISH & GAME PROTECTIVE ASSOCIATION
YOUTH OUTDOOR SKILLS CAMP

KIT LIST

Quan.	ITEM DESCRIPTION	<input checked="" type="checkbox"/>
1	Good, sturdy folding camp Cot - to sleep on (the higher the better)	
1	Air mattress or foam pad – to place on top of the cot	
1	Medium weight sleeping bag	
1	Light weight blanket	
1	Pillow	
1	Large Plastic Tote with Lid (100L) – store clothes/toiletries etc. in	
2	Hand Towels	
2	Face Cloths	
2	Bath Towels	

Quan.	EQUIPMENT	<input checked="" type="checkbox"/>
1	Toiletries – soap, toothpaste, toothbrush, deodorant	
1	Toiletries - shampoo, cream rinse, hair brush and comb	
1	Mosquito Repellent – liquid only with low percentage of Deet	
1	Sun Screen (optional)	
1	Lip Balm (optional)	
1	Knife	
1	Fork	
1	Soup Spoon	
1	Dessert Spoon	
1	Soup Bowl – large and unbreakable (plastic or ceramic)	
1	Plate - dinner plate and unbreakable (plastic or ceramic)	
1	Cup with Handle – unbreakable (plastic or ceramic)	
1	Flash Light – and extra batteries	
?	Clothes Hangers – enough to hang up clothes, jackets	
1	Small Backpack	
1	3-ringed Binder with lined paper	
2	Pens	
2	Pencils	
2	Highlighters	

Quan.	CLOTHING ITEMS	<input checked="" type="checkbox"/>
1	Pair of Leather Gloves – garden gloves	
1	Pair of Sunglasses	
2	Sweat Suits – 1 for sleeping; 1 for lounge wear	
1	Heavy Wool Sweater	
1	All weather jacket	
1	All weather pants	
1	Rain jacket and pants	
1	Pair boots (hiking) – for rain, and walking	
2	Pair of sneakers – 1 for wearing (and 1-spare dry pair)	
6	T-shirts	
12	Pair of Underwear	
12	Pair of Socks	
3	Long Sleeve Shirts	
2	Pair of Pants (jeans)	
4	Pair of Shorts (cut-offs)	
1	Belt	
1	Hat or Cap	

NOTE: Keep items to a minimum. Pack everything (except the bed, sleeping bag, and mattress) into the large plastic tote with a lid. This tote will be used as your locker and bedside table.

PROHIBITED ITEMS

- **Cell phones** – the camp will provide a phone to call home
- **Smoking materials** – lighters, etc.
- **Drugs**
- **Alcohol**
- **No Sweets** – students become too hyper and lose their concentration quickly
- **Sunflower seeds or other shelled nuts** – they attract rodents
- **Electronic Games** (eg. Game Boy, iPods, MP3 players, etc.)

NOTE: We, the club and camp volunteers are not responsible for any items lost or stolen.

PARENTS/GUARDIANS: *You are encouraged to visit with your child from 8:00 pm – 9:30 pm nightly. This is a good time to exchange dirty laundry for clean laundry as we have no laundry facilities on site.*