

South Dakota Wildlife Federation - Youth Conservation Camp Camper Application Form

Please include the following information for each camper that you are sending to the SDWF Youth Conservation Camp.
One application per camper. Make more copies of this application as needed. **Thank You!**

Name: _____ DOB (MM/DD/YY): _____ Sex: M or F

Address: _____ City: _____ State: _____ Zip _____

Cell Number _____ Work _____ Email: _____

Parent/Guardian Name(s) _____ Returner? (years attended): _____

(Please list first name of both parents if living at the same address)

Name of High School Camper Attends _____ Last Grade Completed _____

Will camper need bus transportation to and from camp? (check one) Yes ___ No ___

If yes, camper preferred point of pickup: _____ Shirt size: _____

SDWF Youth Conservation Camp - Behavior Contract

Our goal at camp is for all young people to have an enjoyable experience.

In an effort to attain this goal, an environment of safety and comfort needs to exist. Please sit down with your son/daughter so they know what is expected and what will happen if the contract is violated. When you sign the contract, it means you understand the expectations and consequences.

1. All campers need to respect the other campers, staff, and themselves.
2. All campers need to respect camp property and other campers' property.
3. All campers need to follow the safety rules of camp.
4. Profanity, fighting, hitting, hazing, bullying and threatening, or disruptive behavior of any kind will not be tolerated at camp and/or on the bus.
5. Smoking, vaping, and/or use of drugs or alcohol of any kind at camp or on the bus is not permitted.
6. Firearms are not allowed at the conservation camp.
7. Campers will willingly participate in all activities.

When a camper violates one of these rules, the camp staff will determine consequences.

1. For minor infractions, consequences will be determined by the camp staff and directors..
2. For major infractions, campers may be suspended from camp and parents guardians will be required to pick up their son/daughter. Future attendance of camp may be denied.

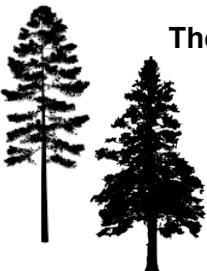
We have read, understand, and agree to the Camp Behavior Contract.

Signature of Camper

Date

Signature of Parent/Guardian

Date



The camp fee is \$375.00 per camper, please return this complete form along with camp fee to:

SDWF Youth Conservation Camp
PO Box 1175
Aberdeen, SD 57402

Direct all questions to:

Bob Schaeffer 605-380-0125 / Kemari Blumhardt: 605-216-9046

Mike McKernan 605-669-2829 (Home) 605-280-4996 (Cell)

**Reservations can be canceled and the camp fee refunded in full up to May 15th, at which time no refunds will be made.

SDWF Youth Conservation Camp

Parent/Guardian Permission, Waiver of Liability, Indemnification, Photo & Medical Release

Please print and complete the following:

Name: _____ DOB (MM/DD/YY): _____ Sex: M or F

Address: _____ City: _____ State: _____ Zip _____

Cell Number _____ Work _____ Email: _____

Parent/Guardian Name(s) _____

Said undersigned camper/parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns to;

- (a) Waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, the South Dakota Wildlife Federation, the State of South Dakota, the Nature Conservancy, their officers, agents, employees, volunteers; and
- (b) Indemnify and hold harmless the South Dakota Wildlife Federation the State of South Dakota, the Nature Conservancy, their officers, agents, employees, volunteers from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event; and
- (c) Authorize the use of participant's photograph in all forms and media and in all manners, including composite or other representations, for any lawful purposes, and waive any right to approve the finished product; and
- (d) Authorize consent for medical treatment to the participant which may be deemed advisable in the event of injury, accident, or illness during this activity.

IF AVAILABLE, PLEASE ATTACH A COPY OF CAMPER'S MEDICAL INSURANCE CARD TO THIS RELEASE.

It's strongly recommended that the camper has his/her tetanus vaccination updated before coming to camp.

Medical condition(s) camper is currently being treated for include:

- _____
Please note: Any camper with a diagnosis of asthma is to bring full (new) inhalers to camp and is to carry a rescue inhaler on their person at all times.

Camper is allergic to (please list agent and type of reaction camper has had):

- _____

The release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release and give permission for camp activities for the person named above.

Signature of Parent/Guardian (if camper is under 18) : _____

Signature of Camper: _____ Date: _____

Please contact the camp nurse, Mikaela Blumhardt RN, at (605) 252-6398 in the weeks prior to camp to communicate additional information as needed to ensure proper care.