

Permission & Medical Release Form

This form must be completed to enroll in the camp

Participants name: _____ Phone: _____ Age: _____

Gender: M _____ F _____

Date of last tetanus inoculation: __ __ / __ __ / _____

Please check if participant is subject to the following:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> FAINTING | <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> DEAFNESS |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> SEIZURE DISORDER | <input type="checkbox"/> OTHER-PLEASE EXPLAIN: |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SLEEP WALKING | _____ |
| | | _____ |
| | | _____ |

LIST ANY PHYSICAL RESTRICTIONS AND/OR LIMITATIONS:

LIST ANY MEDICATIONS, WHEN THEY ARE TAKEN, DOSAGE AND FOR WHAT CONDITION:

LIST ANY PAST MEDICAL CONDITIONS:

LIST ANY FOOD ALLERGIES AND HOW SEVERE:

DESCRIBE ANY BEHAVIOR PROBLEMS THAT MAY BE DISRUPTIVE TO GROUP LEARNING:

PARTICIPANT PHYSICIAN'S NAME: _____

PHYSICIANS EMERGENCY PHONE: _____

1. MY CHILD HAS MY PERMISSION TO PARTICIPATE IN ALL CLASSROOM SESSIONS, FIELD ACTIVITIES AND INSTRUCTIONAL EXERCISES FOR THE TROUT UNLIMITED FLY FISHING CAMP. IN CASE OF EMERGENCY, I HEREBY REQUEST AND AUTHORIZE ANY PHYSICIAN, HOSPITAL AND HEALTH CARE PROVIDER TO PROVIDE MEDICAL TREATMENT PROMPTLY, WHETHER OR NOT I MAY BE CONTACTED OR INFORMED.

PARENT / GUARDIAN INITIALS: _____

2. DESIGNATED CAMP STAFF WILL DISPENSE MEDICATION UNDER PHYSICIANS ORDERS. (ORS 30.800 AND 30.807). ALL MEDICATIONS MUST BE IN A LABELED CONTAINER WITH THE DOSAGE AND TIMES TO ADMINISTER MEDICATION TO MY ABOVE NAMED CHILD IN THE MANNER DESCRIBED BY THE PHYSICIAN'S ORDERS.

PARENT / GUARDIAN INITIALS: _____

3. HEALTH INSURANCE COMPANY NAME: _____

4. POLICY NUMBER: _____

5. INSURANCE COMPANY PHONE NUMBER: _____

6. AS PARENT / GUARDIAN FOR _____, I HAVE COMPLETED, SIGNED AND DATED THIS FORM. I GUARANTEE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT:

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

Trout Unlimited

Assumption of Risk and Liability Agreement

Parent / Guardian:

I, _____ as the parent or legal guardian of _____ for myself and on behalf of my child, other heirs, family members, executor, administrators and assigns, hereby knowingly and willingly assume all risk of physical, emotional and economic harm which may occur as a result of my child's participation in the Trout Unlimited Fly Fishing Camp activities. I also release all board members, employees, instructors and agents from any and all losses, costs, expenses, damages, fees, attorney's fees and liability, which may result from my child's participation in any activity at this camp.

I understand that my child's participation may involve potentially dangerous activities, including, but not limited to, hiking, fishing, wading, lifting, carrying a pack and other activities which may result in my child's heart rate increasing during these activities. I acknowledge that the activities are inherently physically demanding.

Parent / Guardian Signature: _____ Date: _____.

Camp Participant Signature: _____ Date: _____.

USEFUL INFORMATION

Camp dates: August 2, 3, 4, 5 2012

Parents / Guardians will be required to drop-off / pick-up children at designated times and places.

Your confirmation package will include a detailed packing list & drop-off / pick-up information.

Children should come prepared to be in the outdoor environment for four days

Although not required, some prior fishing, camping & outdoor experience will be helpful.

Parents / Guardians are welcome to participate for a service / materials fee of \$ 75.00.

Trout Unlimited reserves the right to re-schedule or cancel the Youth Fly Fishing Camps

due to adverse weather conditions or other unforeseen events.