Appendix 2
Camp Registration Fee: $250.00

A deposit of $125, or full payment, is due by April 15th, 2025
The remaining payment balance is required by June 1st, 2025

Please make check payable to:
Clackamas River Trout Unlimited, Chapter 677
or
CRTU # 677

Mail payment and all completed forms to:

Clackamas River TU
405 High Ct
Gladstone, OR 97027

Campsite, meals, snacks, transportation, tents, fly fishing/tying material/gear provided.

Sponsorships may be available, please contact Terry Turner at crtufishing@gmail.com for additional information.

Paying by Credit Card?

Scan the QR Code make a secure payment online

Appendix 2 (cont)
Conservation and Fly Fishing Camp
Registration Form

Camper's Name:_____

Date of Birth:_____ Age:_____

Gender: Female Male Undecided

Home Address:

_____

Parent/Guardian Name:_____

Contact Number: _____

Contact Email: _____

Parent/Guardian Name:_____

Contact Number: _____

Contact Email: _____

Emergency Contact Name: _____

Emergency Contact Relationship:_____

Emergency Contact Number: _____

Parental Consent Form

I, _____, am the parent/legal guardian

of_____. I hereby consent to his/her participation in the

Conservation and Fly Fishing Camp of the Clackamas River Chapter of Trout Unlimited.

In determining whether to allow_____to participate, I recognize

that Trout Unlimited cannot be responsible for him/her in the event of injury while

participating. I also realize that participation can involve the risk of serious physical

injury or death and agree, on his/her behalf, to assume those risks.

I agree to release and indemnify Trout Unlimited, its officers, trustees, directors,

employees, and agents, from and against any and all claims, demands, and judgments

arising from injuries or damages in connection with his/her participation.

_____(Signature of parent or legal guardian)

Date:_____

Permission to treat camper in an emergency

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signed_____ Date_____

Permission to administer over the counter medication

I (parent) hereby give permission for Clackamas River TU Camp Staff to administer the following over-the- counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headache	Tylenol®
Upset Stomach	Pepto Bismol®
Diarrhea	Immodium AD®
Menstrual cramps	Ibuprophen®
Poison Ivy	Calamine Lotion or CortAid®
Benedryl	

Signed_____ Date_____

Photo Waiver Form

I hereby give [Trout Unlimited Clackamas River Chapter #677 the right to use photographs taken of my Camper this date for publishing, illustration, advertising, trade and promotion, or any other use in any medium for any purpose.

I release Trout Unlimited from any claims and demands arising out of the use of the photographs. This release also covers legal representatives and any licensees of these photographs. I understand that photographs will be copyrighted in the name of Trout Unlimited and may be used in conjunction with other photographs, as part of a composite, or in any form whatsoever.

Parent/Guardian Signature:_____Date:_____

Appendix 2 (cont)

Camper Health & Wellness Information

Camper Name:_____

Current or Past Health Conditions:

(eg. Depression, Anxiety, Diabetes, Asthma, Wounds, Behaviors, Sleep Walking, Headaches, etc.)

_____

_____

_____

_____

Medications (Name, dose, reason, how to dispense)

(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.

_____

_____

_____

_____

Food or Other Allergies (include severity of reaction)

_____

_____

Physical/Emotional Limitations

_____

_____

Date of Last Tetanus Inoculation:_____