

Narrow Lake Youth Winter Camp 2017 Student Camp Form



Elton Hunter 9823 72st NW
Edmonton , AB
Phone: (780)987-9136
E-Mail: eltonh@live.ca

Part A: Camp Information	I want to attend camp: <input type="checkbox"/> Winter Camp : December 27-31
	I am from _____ Fish and Game Club. <input type="checkbox"/> I am sponsored <input type="checkbox"/> I am NOT sponsored.

Some of the courses include:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Winter Survival Training | <input type="checkbox"/> Snow shoeing |
| <input type="checkbox"/> Fire-building | <input type="checkbox"/> Ice Fishing |
| <input type="checkbox"/> Snow Shelter Building | <input type="checkbox"/> Trapping |

FEE \$ 275.00 ALL FORMS ARE DUE NO LATER THAN DECEMBER 15, 2017. ONLY 15 SPOTS!!!!

*** Please note, due to space and availability you will be notified if there is no room. Sending in cheque or money order secures your spot. ***

Please make cheques or money orders payable to and enclose fees with forms:

Cheques payable to: Narrow Lake Conservation Centre
Send to: c/o Elton Hunter, Registrar
9823 72 st NW Edmonton AB T6A-2V9

Part B: Personal Information	
Last name:	First name:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Indicate shirt size:
Mailing Address	Town/City:
Postal Code	Home Phone#
Date of Birth:	Alternate Phone #
Parent/Guardian:	Parent/Guardian email address:

Part C: Medical Information		AHCIC Number	Blue Cross #
Family Doctor		Contact Phone Number	
Emergency Contact		Relationship	
Address		Daytime phone number	
City:	Postal Code:	Evening phone number	
Other Information: Please on a separate typed note list all medications and serious medical symptoms of your camper on a separate piece of paper. This is to ensure that medical treatments are taken care of by our on staff medical person(s). ALL medication is to be given to the camper registrar on the time of arrival to ensure safety of student and others on site. PLEASE SEND ALL MEDICATION IN ORIGINAL PRESCRIPTION BOTTLES WITH DOSAGES AND NAMES MATCHING THE STUDENT. IF THE NAME DOES NOT MATCH, WE CANNOT USE IT!			
Medical Waiver: In case of a medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I give my permission to any Physician selected by the camp director to secure necessary treatment, including hospitalization. To the best of my knowledge my child is in good health. I understand that if my child refuses to abide the rules of the camp, I will be contacted to immediately to pick him/her up from the facility.			
Signature of Parent/ Guardian		Date	Signature of Camper.

Narrow Lake Youth Winter Camp 2017 Student Camp Form

Elton Hunter 9823 72st NW
Edmonton , AB
Phone: (780)987-9136
E-Mail: eltonh@live.ca



THE ALBERTA FISH AND GAME ASSOCIATION RELEASE OF LIABILITY **(PLEASE PRINT CLEARLY AND LEGIBLY)**

I, YOUR FULL NAME, am registering for the Great North Wildlife Affiliates Inc. a/o Alberta Fish & Game Association *Narrow Lake 2017 Youth Conservation Camp* to be held at *Narrow Lake Education Conservation Centre near Athabasca, AB*. I hereby release the Great North Wildlife Affiliates Inc. a/o Alberta Fish & Game Association and/or its members, heirs and/or executors from all actions, causes of action, suits, debts and liabilities of any kind arising from or out of the attendance of the YOUR CHILD'S FULL NAME.

I completely understand the inherent risk of the activities that I am going to take part in, and that the Alberta Fish and Game Association cannot guarantee the safety of any participants. Some of these activities include:

- Ice Fishing
- Being around fire;
- Walking and hiking on a variety of terrains including flat, rocky, hilly, slippery
- Building with snow and sleeping in a snow shelter
- Snow shoeing
- Use of white gas stoves and fires for cooking meals;
- Use of sharp hooks, clippers, knives, axes, and other tools
- Use of archery, firearms and other various hunting equipment.

I fully comprehend and understand the implications of this Waiver and Release. I am aware of the risk and accept it, and I am signing this document freely and voluntarily.

Dated this _____ day of _____ 2017 at _____

in the province of Alberta.

SIGNED: _____
(PLEASE PRINT CLEARLY) (SIGNATURE)

WITNESS: _____
(PLEASE PRINT NAME CLEARLY & CONTACT NO.) (SIGNATURE)

Photo Release Form

Photos are taken throughout the workshop to be used to promote the *NARROW LAKE CONSERVATION CENTRE YOUTH WINTER CAMP* and AFGA activities to our members and to the general public, via newsletters, displays or through the AFGA website.

I, hereby give the Alberta Fish & Game Association permission to use my child's image and likeness in any program informational or marketing material in any medium, and to televise my participation in the workshop for the purpose of promotion/marketing and public display.

NAME _____ SIGNATURE _____
(PLEASE PRINT)