

Pages 1 & 2→ can be kept by parents for information

Pages 3 & 4 & 5→ Need to be mailed to Mr.Volkmar with **payment**.
Please carefully fill out last 3 pages.



Camp Walleye 2012

Consent Form

Great Falls Walleyes Unlimited will be hosting a Kids' Fishing Camp on August 17, 18, 19 at Tiber Reservoir. We will be accepting 50 applicants from boys or girls from ages 11-15 to attend. Included in the 3 day, 2 night camp are safety courses, on and off water activities, and a Fish, Wildlife and Parks sponsored safety course. Seminars on fishing techniques, technologies, strategies, uses of current fishing technologies, and spinner making are planned. We plan on having 2 to 3 children per boat for on the water instruction. Life jackets will be provided and are mandatory anytime kids are on the water.

This will be an Adult Supervised Camp.

Meals and tents will be provided. *Girls are encouraged to attend, and will be housed in an all-female tent with female chaperones*

Each student will be responsible for his or her own personal equipment such as sleeping bags, personal items and appropriate clothing for the weather.

There is a \$50.00 fee for the camp to cover expenses

Make checks payable to: **Great Falls Chapter Walleyes Unlimited**

>>Cancellations must made be before July15<<

>>No refunds after July 15th <<

Students will be responsible for their own transportation to and from North Middle School. Drop off for your child is Friday, August 17, between 2:00 and 2:30 P.M. and pick up is Sunday, August 19, between 4:30 and 5:00 P.M. at North Middle School. A bus will transport students from North Middle School to Tiber Reservoir and back.

Personal References are required to participate
Please be advised that this is a camp for kids
that have experience camping and fishing.

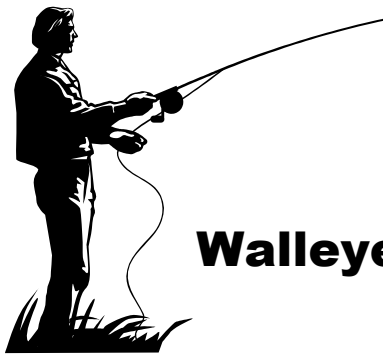
Contact Person:

Pat Volkmar : 590-8425

We will be contacting parents or guardians with details of the camp location and will be answering questions after we receive the first 45 applicants.

Please return to:

Pat Volkmar/ North Middle School
2601 8th street NE
Great Falls Mt 59404



Walleye Camp 2011 Tentative Schedule

August 17, 2012

- 2:00 – 2:30 PM Pick up at North Middle School
- 2:30 – 4:00 PM Ride to Tiber and meet at Pavilion
- 4:00 – 4:15 PM Unload bus (Do head count)
- 4:15 – 4:45 PM Set up camp (Sort kids to tents)
- 4:45 – 6:00 PM Eat
- 6:00 – 6:15 PM Split into groups & rotate through
 - Water Safety
 - Camp and Boat Etiquette
 - Spinner and Jig making
- 6:15 – 8:30 PM Shore Fishing or continue Jig and Spinner making



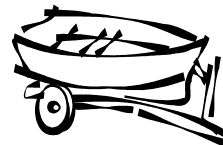
August 18, 2012

- 7:00 – 8:00 AM Breakfast drawing for boat assignment
- 8:00 – 1:30 PM Fishing
- 1:30 – 2:30 PM Lunch and draw for new boat assignment
- 2:30 – 7:00 PM Fishing
- 7:00 – 8:00 PM Dinner
- 8:00 – bedtime Campfire stories
- 10:00 Lights out



August 19, 2012

- 7:00 – 8:00 AM Breakfast drawing for boat assignment
- 8:00 – 1:00 PM Fishing
- 1:00 – 2:00 PM Lunch and Camp cleanup
- 2:00 – 3:00 PM Awards
- 3:00 – 4:30 PM Load bus
- 4:30 – 5:00 PM Back to North Middle School



Please Return to: Pat Volkmar / North Middle School
2601 8th Street NE
Great Falls, Mt 59404
(406)590-8425



Permission Slip for Walleye Camp

August 17, 18 & 19, 2012

- To be eligible to attend **Walleye Camp 2012**, participants must fill out form completely and return form with a check or money order.
- Participants must be between 11 and 15 years old.
- Participants must be familiar with outdoor activities, including fishing and other camping activities. **This camp is not suited for first-time campers or angler**
- Participants must have 3 references who agree that the participant is a responsible person to go on a 3-day camping trip.

Only one may be an Immediate Family Member or Blood relative

- Previous attendance to **Walleye Camp** can be reference for each year attended.
At reference line put: Walleye Camp & "year attended"

***** Please Read Carefully *****

All participants must have 3 people who are willing to recommend participant to attend **Walleye Camp**. **Only one recommendation may come from a parent**. The other two can be a teacher, counselor, 4H leader, Boy Scout leader or other responsible adults who have personally fished or camped with participant. References will be contacted.

NAME _____
SIGNATURE _____

PARENT or GUARDIAN _____
SIGNATURE _____

Reference (Print Name): _____
Signature: _____
Phone #: _____

Reference (Print Name): _____
Signature: _____
Phone #: _____

Reference (Print Name): _____
Signature: _____
Phone #: _____

Walleye Camp 2012

August 17,18&19 2012

**** Please Print Very Clearly ****

Applicant Name: _____

Address: _____

Guardian Name: _____

Phone Numbers where parent/guardian may be called if needed:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact/Phone: _____

In consideration of granting this request for your child to attend , parent/guardian hereby releases and holds harmless the Montana Fish Wildlife & Parks and Great Falls Walleyes Unlimited members and other persons or entities associated therewith from any and all liability which may occur while my child at CAMP WALLEYE 2012.

Guardian

Signature: _____

Your signature allows camp participant to be photographed or videoed by various unnamed news and reporting medias and for Promoting of youth fishing

MUST HAVE YOUR Childs T-SHIRT SIZE

Circle the correct Adult size

SMALL MEDIUM LARGE..... Extra LARGE

Walleye Camp

Consent to Participate, Release, and Medical Authorization

Name of Minor Child _____ Age _____ Date of Birth _____

I/We the undersigned parent(s) or legal guardian(s) of the above-named minor know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give The **Walleye Camp Sponsors and Staff** (refer to here after as **WCS**) the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representatives at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician or person rendering such care at the hospital or institution in which such care given, from any liability resulting from the failure of me, the parent or guardian of the above named minor, from signing a consent or authorization to render such care.

I have put important medical facts, if any on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by **WCS**.

It is my understanding that this document also serves to establish my consent and permission for above-named minor to participate in all **WCS** programs and instruction and training, and for above-named minor to be photographed for use for **WCS** advertising and public relations.

Parent/Guardian signature _____ Date _____

Print Name _____ Home Phone _____

Address _____ City/State _____

Work Phone _____ Cell Phone _____

Date of minors last Tetanus shot _____

Current medications _____

Allergies _____



Medical History or other important facts that should be known "Attach If Needed"



If possible have Doctor fill this form out