



Mail a ll application paperwork & deposit to :
Midwest Youth Program
Willow Lake Sportsmans Club
51704 North U.S. 131 Three Rivers, Michigan 49093
Ph: 269-279-7124
Fax: 269-278-1805

NECESSARY APPLICATION DETAILS

Please provide all requested information and a recent photo of the prospective camper.
Failure to provide all information will delay your Applicant's consideration for admission to the program

Insert Camper Photo Here

MUST HAVE

Applicants Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____

E-mail _____ Ph. _____ - _____ - _____ ZIP _____

Person/Chapter nominating you for this camp? Person _____ Chapter _____

Is the applicant a current member of SCI Yes / No or SCI Chapter? If yes which one? _____

Will this be Camper's first time away from home? Y / N

Emergency Contacts (other than Parents):

Name _____ Ph. _____ Relationship _____

Name _____ Ph. _____ Relationship _____

Has the participant used a firearm? Y or N If yes what type _____

Has the participant used a bow? Y or N

Has the participant hunted before? Y or N If yes, for what type of animal(s) _____

Can the camper swim? Y or N

All forms and A one page double spaced typed letter must be submitted for consideration to admission in the program. We will be review ing many applications and choosing the best 10 candidates per week. Yo ur letter should contain w hat you would expect to learn from this experience, and why we would consider you a good candidate for the program.



DECLARATIONS

The following declarations made by parent(s) is relative to all pages herein regarding both Enrollment Application and the Health History Examination Form for:

(Camper's Full Name)

I hereby authorize the Camp Directors or authorized personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. I hereby authorize such persons to order X-rays, routine tests, and treatment from a licensed, certified, or authorized health care provider for my child as deemed necessary. In the event of an emergency and I cannot be reached, I hereby authorize the health care provider to hospitalize, secure proper treatment for, and to order injection, and or anesthesia and or surgery for my child, as named above, as deemed necessary.

THE FOLLOWING PARAGRAPH'S CANNOT BE ALTERED IN ANY MANNER

I declare that all information supplied in the Registration Form and Health History/Examination Form is true and correct. I agree to the conditions listed in the brochure and general information sheet, and I hereby certify that my child is of good moral character. I agree that my child will abide by, and will comply with, the rules and regulations of The Willow Lake Youth Camp. He/she has my permission to engage in all prescribed activities.

I understand that in any other physical activity or sport, my child will be expected to be exposed to above normal risks. I furthermore release, indemnify, and hold harmless the Willow Lake Sportsmen Club, any/all individual partners and their spouses, employees and agents, from and against any and all sickness, injury, claims, liabilities, or damages suffered by my child, above named, arising from any act or omission of The Willow Lake Youth Camp, its agents, employees and facilitators and/or such above-mentioned health care providers.

(Must have legal custody) Date: _____

Parental Guardian Signature

Review of applications will begin promptly upon receipt of all forms and a 20% deposit per applicant (non-refundable if accepted to program). If accepted, a letter of notification will be sent with confirmation of deposit and balance due date. If the application is denied you will receive a full refund of your deposit.

Midwest Youth Hunting & Fishing Education Program
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email: wpsc@net-link.net or