



Southwest Montana River Rat Camp Application

Camp Overview: The week of August 2-6, 2010 marks the second annual Southwest Montana River Rat Camp, a five-day/four-night experience open to youth (age 14-17 years old) from Butte, Anaconda, Deer Lodge and surrounding areas. This camp, organized by the Clark Fork Watershed Education Program (CFWEP) and George Grant Chapter of Trout Unlimited (GGTU) and sponsored by a number of local entities and businesses is aimed at teaching young individuals the sport of fly fishing, science and history of our local waters and fisheries and the ethics and science of stewardship and conservation, respectively. Participants will learn a comprehensive variety of skills including basic and intermediate fly fishing (equipment, casting, fly selection, knot tying, etc.), basic fly tying, stream and stillwater fishing tactics, fish ecology and identification, insect identification, riparian ecology and function, stream restoration and conservation, fisheries management, stream access issues and sportsman etiquette and ethics. The camp includes many local and regional expert instructors and scientists and will cover a number of waters including both the Upper Clark Fork and Big Hole Rivers.

Necessary gear/equipment: All participants are asked to bring the following gear/equipment to the camp; all other gear, meals, instruction, transportation and accommodations will be provided: a sleeping bag, one-pair of shoes or boots (Note: Do NOT bring only a pair of flip-flops!); rain gear (i.e. raincoat, rain hat, pants); a brimmed hat or cap; a change of clothes for both hot and cold weather conditions. Please notify camp staff on the application if you do not own or have access to any of the necessary gear/equipment.

All applications must be received by Friday, July 2, 2010 to warrant consideration. Successful applicants will be notified by Wednesday, July 7, 2010.

A \$50 non-refundable administration fee is required for all successful applicants in order to attend the camp and must be included with your application. This is the only cost associated for camp attendees; in the event you are not chosen, your check/cash will be returned no later than Friday, July 30, 2010. If for some reason this fee will prevent you/your child from being able to attend the camp, please explain the circumstances or contact the staff on this application and special exceptions may be considered:

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability: Please check that you are committed to being available for program for the entire week (see dates/times below).

Monday, August 2 at 9:00 a.m. through Friday, August 6, 2009 until 4:00 p.m. (Note: this is an overnight camp).

Consideration Essay for Application (Applicant may submit up to two additional pages, if necessary) **IMPORTANT – ALL Applications MUST include an essay in order to be considered.**

The Southwest Montana River Rat Camp is a special opportunity. While we would like to offer this opportunity to all interested parties, it is necessary for us to limit the number of participants in order to meet the goals and objectives of the camp: 1) for participants to gain an understanding and appreciation of our local natural resources and fisheries, 2) for participants to understand the importance of conservation, management and responsible use in caring for these resources; 3) to provide participants professional instruction and practice in the basic and intermediate skills of fly fishing; and 4) to instill and foster in participants an ethic of environmental stewardship.

Using these goals and objectives as a guide, please tell us why you are interested in the Southwest Montana River Rat Camp and why you think you should be chosen as a participant for this program:

**** THIS SECTION OF THE APPLICATION MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED ****

Please return to Montana Tech, Technical Outreach Department (Petroleum Building) or mail to:

Southwest Montana River Rat Camp
c/o Montana Tech Technical Outreach Dept.
1300 West Park Street
Butte, MT 59701

MEDICAL RELEASE

The following information is requested to provide the camp staff with information necessary in the event of an accident, emergency, medical or health problems.

Student's Name _____

Student's Social Security Number _____

Parent/Guardian's Name _____

Address _____
Number and Street/PO Box City State ZIP Code

Phone Number (H) _____ (W) _____ (Cell) _____

Student Medical History and Information

Do you have health insurance? Yes No

Medications (please list)

Does your child have any physical/mental condition which could interfere with his/her ability to take part in outdoor, physical, educational or overnight activity, or would present a possible medical situation that camp staff should be aware of (i.e. asthma, diabetes, allergies, etc.)?

Medical Consent and Release

I, _____, am the parent or guardian of

 I hereby consent that the above named minor has my permission to participate in the activities planned in conjunction with the Southwest Montana River Rat program. I hereby recognize that there may be risks involved with respect to the activities in this program. I hereby assume such risks, and release Montana Tech and its agents, employees, or students of any liability. I understand that in the event of a medical emergency, attempts will be made to contact me. If said attempts are not immediately successful, the camp supervisors may refer the above named minor to a licensed medical practitioner and/or clinic. I hereby consent that such physician, hospital, or clinic may treat the said minor in response to the medical emergency. I hereby release Montana Tech, its agents, employees, or students of responsibility for the above named minor in the event that the minor does not follow prescribed treatment for injury/illness.

 Parent/Guardian's Signature

 Date

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing this form, you are committing to taking part in all activities, being on time and behaving in a safe and respectful manner.

Student Name (printed)	
Signature	
Date	

Parental Consent

All precautions will be taken to ensure the safety of participants. However, since your child is a minor we do need your permission for their participation. Please read the following and sign and date:

I hereby give my child permission to attend and take part in the Southwest Montana River Rat Camp. I will not hold Montana Tech, the Clark Fork Watershed Education Program or George Grant Trout Unlimited responsible in the event of an accident or injury as a result of his/her participation. I understand that in an emergency either I or another adult individual listed on this application will be contacted immediately (as specified above).

Media Release

I also give the Clark Fork Watershed Education Program permission to use any photographic or video images taken of my son/daughter in future publications and/or advertisements for the Clark Fork Watershed Education Program.

Parent/Guardian's Signature: _____

Student/Participant's Signature: _____

Date: _____