**Southwest Montana Fly Fishing Camp Application**

**Camp Overview:** The weeks of August 4th - August 6th and August 11th – August 13th, 2014 marks the 6th Annual Southwest Montana Fly Fishing Camp, consisting of two three day/two night trips open to kids aged 12-17 from Butte, Anaconda, Deer Lodge, and the surrounding areas. This camp, organized by CFWEP.org (The Clark Fork Watershed Education Program) 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 the Upper Clark Fork, Rock Creek, and Georgetown Lake.

**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 18, 2014 to warrant consideration. Successful applicants will be notified by Monday, July 21st.**

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 Monday, July 28, 2014**.** **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 State ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

 **Availability: Please check that you are committed to being available for the program on marked dates and times (see dates/times below). Please check one of the two following boxes. (The first box is for first time campers and the second box is for returning campers.**

* **12-17 years old (First Time Campers):** Monday, August 4th at 8:00am through Wednesday, August 6th until 5:30pm. (Note: This is an overnight camp.)
* **12-17 years old (Returning Campers):** Monday, August 11th at 8:00am through Wednesday, August 13th until 5:30pm. (Note: This is an overnight camp).

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

***Please return to Montana Tech, Technical Outreach Department (Heath and Sciences Building. Room 003) or mail to:***

Southwest Montana Fly Fishing 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 problem.*

Students Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Fly Fishing 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, and 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 State 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) |  |
| Campers Shirt Size (For Camp Shirt) |  |
| 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 Fly Fishing Camp. I will not hold Montana Tech or CFWEP.org 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 above on this application will be contacted immediately (as specified above).

I also give CFWEP.org 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/Participants Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CFWEP.org**

If you have any questions on the above form please do not hesitate to call us.

Contact Chris Doyle (CFWEP.org Fly Fishing Camp Organizer) at (406)-498-8868 or email at CMDoyle@mtech.edu.