



*New York State Trappers
Association*

Continuing The Tradition.



Pat Arnold Youth Trapping Camps

OCTOBER 6-9, 2023

Ages 12-14



Camp Mandaville (Northern Camp)
165 Sheldon Rd.
Winthrop, NY 13697

CAMPER REGISTRATION FORMS

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Circle one: Male Female

Age _____ Birth date _____

T Shirt size Youth S M L Other _____

Do you have a NY State Trapping Certificate or License? Y _____ N _____

Returnee? Yes _____ No _____ returnee limited to ten students.

I would like to attend this camp because.

CAMP FEE \$40.00. **BRING CHECK OR EXACT CHANGE TO CAMP**

MAKE CHECK PAYABLE TO "NYSTA" in memo line WRITE- (YOUTH TRAPPERS CAMP)

MAIL APPLICATION TO:

Donald Hillman
247 County Route 27
Williamstown, NY 13493



Pat Arnold Youth Trapping Camps

YOUTH TRAPPER CAMP GUIDELINES

It is the intent of the Youth Trapper Camp that the camp be filled with exciting learning experiences, new friendships and fun. You will be expected to help when asked which may include setting & clearing the tables, sweeping the floors or other things that will make the camp work smoothly. To help make this a good experience, everyone should be considerate of others, participate fully in the event and observe the rules outlined below. The rules are intended to assist in providing for the health, safety and social well-being for everyone at camp. If a situation or question arises which is not clearly covered by the list, **ask a mentor before acting.**

1. Be pleasant and cooperative; all participants will enjoy themselves more.
2. Respect supervision at all times. You are accountable to **all adults** connected with this camp.
3. Fireworks, firearms, illegal drugs, tobacco and intoxications of any kind are not permitted.
4. Obtain the chaperon's permission before leaving your group for any purpose.
5. Respect your surroundings and lodging. Should anything be damaged, notify your chaperon IMMEDIATELY. If things are found after check out, you may be held responsible for restitution.
6. Respect others privacy. Boys are not permitted in girl's sleeping accommodations, nor are girls permitted in boy's sleeping accommodations, unless approved and/or accompanied by a chaperon.
7. Attendance at instructional sessions and scheduled activities is required, unless excused by a chaperon.
8. The camp directors, along with the committee, will set guidelines for the group.
9. Violation of any of these rules is grounds for dismissal of individuals or groups and forfeiture of all fees. Parents will be promptly notified. Individuals so dismissed must call parents or guardian to arrange transportation home at their own expense.
10. It is not possible to anticipate every possible situation. In the absence of a rule requiring a specific activity or situation, the chaperon in charge has the authority to interpret rules and resolve problems not addressed in the above mentioned rules. Attendance will be on a 1st come 1st served. There is room for 15 new trap campers and 5 returnees. In some cases there is room for junior mentors.

All camps will be in operation from Friday dinner time until Monday lunch time.

****Pictures maybe taken of attendees in group settings during demonstrations or field instruction which may be used publicly to promote the camp.****

I have read the Youth Trapper Camp Guidelines and agree to follow the expectations.

Participant's Signature

Date

As the parent or guardian of _____

I have read and support the guidelines. I give my permission for the camp director in charge to administer the guidelines.

Parent/Guardian Signature

Date

Phone



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Camp Fee

1. \$40.00 per camper.
2. Camp fees are to be paid at drop off on Friday.

Camp Fee Includes

- a. Meals, drinks and snacks
- b. Educational materials
- c. Portfolio of information
- d. Note pad, pen, pencils, etc
- e. N.Y.S.T.A. Membership (optional) with "The Trappers Post" if not already being received at home.

Attendees are responsible for supplying sleeping bags or bed roll, flashlight, rain gear, clothes, coats, boots, personal items i.e. toothbrush, towel, soap. Be sure to have the proper clothing for the weather.

Proper methods of dispatch will be demonstrated when necessary.

REGISTRATION

Registrations must be post marked by September 15th. All applicants are on a first come, first served basis.

Registration will be handled by: Donald Hillman
247 County Route 27
Williamstown, NY 13493

Questions: Please Email: hillmandf@yahoo.com

HEALTH DATA – YOUTH

NAME _____ AGE _____

ADDRESS _____ BIRTHDATE _____

HOME PHONE _____ WORK PHONE _____

FAMILY PHYSICIAN _____ DR PHONE _____

Would your child be expected to have allergic reactions to any of the following items?

- 1. MEDICATION YES _____ NO _____ REACTION _____
- 2. FOOD YES _____ NO _____ REACTION _____
- 3. INSECT BITES YES _____ NO _____ REACTION _____
- 4. PLANTS YES _____ NO _____ REACTION _____

If your child will be taking any medication while attending camp, please list:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

ALL MEDICATIONS LISTED MUST ACCOMPANY THE CHILD TO CAMP, BE GIVEN TO THE CAMP NURSE AND BE ADMINISTERED BY THE CAMP NURSE AS PRESCRIBED. It is mandatory that the medication accompany your child to camp even if not given daily. The proper medication may need to be administered. Substitutes are not recommended as they may not work for your child.

Has he/she attended a camp before? YES _____ NO _____ (_____ # of times)

Has your child been away from home before? YES _____ NO _____

What kind of situation may cause your child stress?

1. _____ 2. _____ 3. _____

Does your child have a history of the following?

- 1. ASTHMA YES _____ NO _____ REACTION _____
- 2. EPILEPSY YES _____ NO _____ REACTION _____
- 3. DIABETES YES _____ NO _____ REACTION _____
- 4. NOSE BLEEDS YES _____ NO _____
- 5. OTHER _____

In case of medical emergency, I hereby give my permission to the physician selected by the camp director to secure proper treatment for my child as named above. In case of minor emergency, I hereby give permission for the camp nurse to administer first aid, and simple medications such as Tylenol, pepto bismol, cough syrup, etc. to my child.

_____ DATE _____
PARENT or GUARDIAN SIGNATURE