

10th Annual Clyde Howell NRA Youth Shooting Camp 2008

Friday, May 30th to Sunday, June 1st, 2008

4:00 p.m. Friday to 6:00 p.m. Sunday

Hosted by the Howell Shooting Club, Inc., Yorkville, IL for girls and boys ages 10– 16.

The 9th Annual Clyde Howell NRA Youth Shooting Sports Camp is please to offer campers a choice of one of two curricula: the Shooting Sports option and the Advanced Hunting Skills option. All campers, regardless of which option they choose, will be full time participants camping on the premises and will follow similar daily schedules.

Camper Eligibility:

Any girl or boy who will be ages 10 through 16 during the camp is eligible to be a camper.

Intern Eligibility:

Individuals who are ages 17 through 20 may apply to the registrar separately for a non-paying internship. Individuals under the age of 17 who are prior campers may apply to the Camp Director for an age waiver to be an intern.

An explanation of the options:

Shooting Sports

Campers who choose this option will be given instruction in various shooting sports such as .22 caliber pistol, .22 caliber rifle, 20 gauge shotgun, black powder shotgun, archery, air rifle and more. It is limited to the first 80 campers to complete registration.

Advanced Hunting Skills

Campers who choose this option will be given instruction in practical hunting skills and safety. Instructional units may include: live-fire range instruction with a scoped hunting handgun, sighting in a rifle scope, slug shotgun, black powder rifle and trap shooting. Campers will also have an opportunity to learn to hunt a field with multiple hunters, cross a fence safely, hunt with retrievers and pointers, set up a duck blind, and use tree stands safely among other things.

This is not the State of Illinois Hunter Education course. Unlike the state course that is required to obtain a hunting license, this option is primarily hands-on field exercises rather than classroom instruction. There are no prerequisites to this option but it is limited to the first 20 campers to complete registration.

Registration Procedure and Fee:

All registration forms must be completely filled out and ALL forms returned with fee payment to be processed. Registration forms received incomplete or without the fee will be returned and not processed.

Fee for camp is \$100. Please make checks payable to: Howell Shooting Club.

Campers who attended the 2007 camp are given registration priority if they return all forms completely filled out with a check for \$100. Vacant slots will be available on a first come, first serve based on post mark to other boys and girls ages 10 through 16.

Cancellation Policy:

Any cancellation received before midnight, April 1st, 2008 will be given a full refund. Cancellations received after April 15th, 2008 are subject to a \$20 cancellation fee and will receive a refund only if someone on the waiting list can fill the slot.

The Howell Shooting Club will not be held liable for failing to hold the 2008 Clyde Howell NRA Youth Shooting Sports camp if such a failure results from any act of God, riot, war, civil unrest, flood, earthquake or other cause beyond the Howell Shooting Club's reasonable control. Because the preponderance of camp expenses are incurred in advance of the camp, camper registration fees are non-refundable in the event of cancellation for circumstances beyond our control.

Remember to rank what you check, i.e. #1, #2, #3, etc.

Please read all the choices before filling out the form.

Instructional Positions

Shooting Sports Curriculum: The following subjects are taught eight times each, two hours per session, during the course of the weekend. To qualify you must hold an appropriate instructor rating or have significant experience in the discipline.

.22 pistol .22 rifle Shotgun (trap) Muzzle loading shotgun (trap)

Archery Air Rifle First Aid Outdoor Survival Skills

Advanced Hunting Skills Curriculum: To qualify you must have at least one of the following: IDNR Hunter Education Instructor certification, NRA Instructor rating, practical hunting experience, or subject matter expertise. Please check any subjects you would be willing to teach.

Upland Waterfowl Big Game Turkey Hand Gun

Rifle Shotgun Slug Shotgun Archery Survival Skills

Other (Please List): _____

Non-Instructional Positions

Please check and rank, in order of preference, as many as you wish. Contact the camp director or registrar if you have any questions about these positions.

Camp set up crew (available any or all days during the week prior to opening day)

Camp strike crew (available Sunday noon to 7:00pm)

Adult Chaperone (available from camper arrival on Friday to end of camp Sunday)

Chaperone Coordinator Intern Coordinator Camp Security

Cook Tent Crew Maintenance Crew Armory Crew

Camp Physician Camp Nurse Muzzle Loading Trap Assistant

20 Gauge Shotgun Trap Assistant Other: _____

Fund Raising Pre-Camp Planning Registration

Additional Skills

Please check any of the following skills in which you are proficient and willing to volunteer:

Carpenter Welder Electrician Mechanic Cook

Clyde Howell NRA Youth Shooting Sports Camp ADULT Personal Health and Medical History

To be filled out annually by the adult participant. Please return with registration form.
Please PRINT all information.

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Name of Emergency Contact: _____ Telephone: _____

Home address: _____ City: _____ State: _____ Zip: _____

If person named above is not available in the event of emergency, notify:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name of personal physician: _____ Telephone: _____

I give permission for full participation in the Clyde Howell Youth Shooting Sports Camp, subject to limitations noted herein.

In the event of emergency, I understand that every effort will be made to contact one of the individuals named above. In the event that they cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the camp director to secure proper medical treatment, including hospitalization, anesthesia, surgery or injections of medication for myself.

Signature of adult participant: _____ **Date:** _____

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

Allergies (food, medicines, insects, plants): Yes _____ No _____

Explain: _____

General Information:	Yes	No	Yes	No	Yes	No		
ADHD	___	___	Diabetes	___	___	High Blood Pressure	___	___
Asthma/COPD	___	___	Hemophilia	___	___	Kidney Disease	___	___
Cancer/Leukemia	___	___	Heart Trouble	___	___	Psychiatric Problems	___	___
Convulsions/Seizures	___	___	Other Medical Conditions or Problems	___	___			

Explain: _____

List any medication to be taken at camp and schedule* (for purposes of informing emergency personnel if you are unable): _____

***Note: Adult participants are responsible for their own medication and its administration. Medical Personnel and the Howell Shooting Camp cannot be responsible for ensuring compliance to schedule, dose or effects of any medication.**

List any physical or behavioral conditions that may affect or limit full participation in camp activities:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc:

RELEASE AND AGREEMENTS

Please return with registration form

WHEREAS, in return for instruction in firearms, use of premises and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

I hereby grant to the Howell Shooting Club Inc. and the National Rifle Association the right and permission to copyright and/or use, reuse, publish and/or republish photographic images or pictures taken of me during the Clyde Howell NRA Youth Shooting Sports Camp for advertising/promotional purposes. I hereby release, discharge and agree to hold harmless the Howell Shooting Club, Inc. and the National Rifle Association from any liability resulting from the use of the above-mentioned photography or use of my name. I understand that I will have no control over the manner of use of materials produced and hereby waive any right to reprove or inspect materials prior to distribution.

The undersigned agrees to indemnify, hold harmless and defend the HOWELL SHOOTING CLUB, Inc., its directors and members and their agents, independent contractors and all volunteers from any and all liability for personal injury and/or property damage or loss which may arise from any participation by me in any training, shooting events, general shooting, entertainment, meals, open time, check in/check out and programs put on by the Howell Shooting Club, inc., its directors, members, independent contractors and all volunteers. I agree to expulsion from the programs, elective shooting, camp and forfeiture of my fees if I should continually or willfully fail to observe safety procedures and camp rules. I enter into the above agreement and release voluntarily and on behalf of my next of kin, heirs, administrators and assigns and any of the property owners and heirs, the assigned firearms instructors, staff, directors, officers or agents (hereinafter HSC) from any and all fault, liabilities, cost, expenses, claims demands or lawsuits arising out of, or related to or connected with: the discharge of firearms; the course of instruction, the Undersigned's participation in the course of instruction, the range, buildings, land and premises used for the course of instruction (hereinafter the Premises); the Undersigned's presence on said premises; and any and all acts of omissions of the Undersigned. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States or any other State, or any theory of law or equity, the Undersigned will indemnify, hold harmless and defend the HSC from any and all costs, expenses, or liability including, but not limited to, the cost of any settlement or judgment made or rendered against the HSC whether individually, jointly, or in solido with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand, lawsuit, including attorney's fees.

The Undersigned furthermore waives for himself/herself and his/her executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands, and any other actions whatsoever, which he/she may have or which may arise against the HSC (including, but not limited to any and all injuries, damages or illnesses suffered by the Undersigned or the Undersigned's property), which may, in any way whatsoever, arise out of, be related to or be connected with: The course of instruction; the Premises, including any latent defect in the Premises; the Undersigned's presence on or the use of said Premises; the Undersigned's property (whether or not entrusted to the HSC) and the discharge of firearms. The HSC shall not be liable for, and the Undersigned agrees, on behalf of himself/herself and his/her executors, administrators, assignees or heirs, hereby expressly releases HSC from any and all such claims.

The Undersigned hereby expressly assumes the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all HSC range rules and procedures.

This instrument binds the Undersigned and his/her executors, administrators, assignees or heirs.

Undersigned: (If Undersigned is under age 21, parent or guardian must also sign)

For **Youth Participant** - print name: _____

Print Name of Parent/Guardian or Adult Camp Participant: _____ **Date:** _____

Signature of Parent/Guardian or Adult Camp Participant: _____ **Date:** _____

Note: Participation in the Camp is dependent on signing this form.

10th Annual Clyde Howell NRA Youth Shooting Sports Camp

RV/Camper Registration Form

Bill Lavine, Co- Registrar
201 Dorchester Court
Oswego, IL 60543
wdlavine01@sbcglobal.net

If you plan to spend the night on Howell property in an RV, motor home or pop-up trailer (anything with an axle), please fill out this sheet and return it with your adult volunteer registration form. You will be assigned to the area set aside for RV's on a first-come, first-served basis. Please do not bring your RV, motor home or pop-up without letting us know that that is your intention.

You MUST note on this form if a youth camper or intern will be staying with you. Please indicate the full name of each camper or intern staying with you.

This information may be updated at any time during the camp.

However, we must know where each camper or intern is spending the night.

Name: _____

Phone number: _____ Cel phone: _____

Volunteering in (area): _____

Please list the names of all individuals (including yourself) that will be camping in the RV and the areas where they are volunteering or assigned.

Name(s): _____ area assigned or volunteering in: _____

List any additional names on the back. List their areas next to their names.

Size & type of RV: _____

License plate #: _____

With confirmation, individuals camping in anything with an axle may set up on Thursday evening from 5pm to 7p and again on Friday afternoon from noon to 3pm only or by special arrangement with the Camp Director.

Clyde Howell NRA Youth Shooting Sports Camp
YOUTH (under 21 years old) Personal Health and Medical History
 To be filled out annually by the parent or adult guardian of the camp participant.
 Please return with registration form. Please PRINT all information.

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Name of Emergency Contact: _____ Telephone: _____

Home address: _____ City: _____ State: _____ Zip: _____

If person named above is not available in the event of emergency, notify:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name of personal physician: _____ Telephone: _____

I give permission for full participation in the Clyde Howell Youth Shooting Sports Camp, subject to limitations noted herein.

In the event of emergency, I understand that every effort will be made to contact one of the individuals named above. In the event that they cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the camp director to secure proper medical treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Signature of parent/guardian: _____ **Date:** _____

Check all items that apply, past or present, to your child's health history. Explain any "yes" answers.

Allergies (food, medicines, insects, plants): Yes _____ No _____

Explain: _____

General Information:	Yes	No	Yes	No	Yes	No		
ADHD	___	___	Diabetes	___	___	High Blood Pressure	___	___
Asthma/COPD	___	___	Hemophilia	___	___	Kidney Disease	___	___
Cancer/Leukemia	___	___	Heart Trouble	___	___	Psychiatric Problems	___	___
Convulsions/Seizures	___	___	Other Medical Conditions or Problems	___	___		___	___

Explain: _____

List any medication to be taken at camp and schedule*: _____

***Note: Medication for use by youth campers will be held by the on-site medical personnel if a parent is not on-site during the camp weekend. Medical Personnel and the Howell Shooting Camp cannot be responsible for ensuring compliance to schedule, dose or effects of any medication.**

List any physical or behavioral conditions that may affect or limit full participation in camp activities:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc:

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YOUTH CAMPER REGISTRATION FORM

Return to Bill Lavine, Registrar; 201 Dorchester Court, Oswego, IL 60543; Tel: 630-551-1875

Please Return All Forms by US Postal Service

[PLEASE PRINT CLEARLY]

I AM REGISTERING FOR (CHOOSE ONE - PLEASE CIRCLE IT):

SHOOTING SPORTS OPTION

OR

ADVANCED HUNTING SKILLS OPTION

Name: _____ Gender (circle): M F
Last first MI

House # & Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date of Birth: _____ Grade entering in the fall of 2007: _____

Age as of the first day of camp: _____ Must be no younger than 10 and not older than 16 years.

Are you a Scout (Boy or Girl) wanting to work on shooting sports badges? Circle: NO YES

Shirt Size (Adult): M L XL XXL Have you attended camp before? Circle: NO YES year(s): _____

Would you be willing to share your tent with another camper? Circle NO YES (with whom?) _____

Name of parent/legal guardian: _____

House # & Street Address (if different): _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cellular: _____ Email: _____

List the name(s) of any individual(s) who has (have) the legal right to pick up the camper prior to the end of the camp:

Name:	Relationship to camper:	Phone#:
_____	_____	_____
_____	_____	_____

Campers are expected to remain at the camp from arrival at 4pm on Friday through 6pm Sunday. This will include staying overnight. **I understand that I will be expected to stay on camp property from arrival on Friday through dismissal of camp on Sunday.**

Youth Camper Signature: _____ Date: _____

Signature of parent/adult guardian: _____ Date: _____