



PLEASE MAIL APPLICATION & PAYMENT TO  
 C.O. MOLLENHOUR CONSERVATION CAMP  
 P.O. BOX 1366  
 WARSAW, IN 46580  
 PLEASE DO NOT MAIL CASH PAYMENTS!

FOR OFFICE USE ONLY  
 PAYMENT: CASH / CHECK / MO  
 CHECK#  
 SCHOLARSHIP:

## C.O. Mollenhour Conservation Camp Registration

(Registration and Medical Release MUST be completely filled out)

CAMPER'S NAME (LAST, FIRST)	BIRTHDATE	AGE AT START OF CAMP	CIRCLE ONE BOYS CAMP/ GIRLS CAMP
REQUESTED CABIN MATE? (PLEASE NOTE, THIS IS NOT A GUARANTEE)	RETURN CAMPER?	YEAR OF CAMP	SHIRT SIZE
	YES/NO		CHILD: S M L ADULT: S M L
STREET ADDRESS	CITY	STATE	ZIP CODE
PARENT(S)/GUARDIAN(S) NAME(S)	HOME PHONE #	CELL PHONE #	WORK PHONE #
EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)	HOME PHONE #	CELL PHONE #	RELATIONSHIP

I HAVE READ AND FULLY UNDERSTAND THE RULES OF C.O. MOLLENHOUR CONSERVATION CAMP. I PROMISE TO ABIDE BY THESE RULES OR I WILL BE ASKED TO LEAVE.

Signature of Camper \_\_\_\_\_

Signature of Parent(s)/Guardian(s) \_\_\_\_\_

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

**CAMPER'S FEE:** As of January 1, 2017, the camper fee has increased to **\$225**.

**PAYMENT OR SCHOLARSHIP LETTER MUST ACCOMPANY REGISTRATION.** If your child is in need of a sponsorship, you may request one. This is not a guarantee, as donors vary from year to year.

### DELEGATION OF AUTHORITY TO CONSENT TO HEALTH CARE

Authorization by parent(s)/guardian(s) for another to consent to hospitalization, surgery, or special medical procedures for minor child during absence of parent(s)/guardian(s).

I (We) the parent(s)/guardian(s) of \_\_\_\_\_ do hereby appoint the camp director of C.O. Mollenhour Conservation Camp and/or his/her designee as the person who, during my/our absence shall be authorized to consent for all medical and/or surgical treatments and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusions, diagnostics tests, ect.) which may be required during my/our absence. Without in any manner of limiting the forgoing appointment and authorization, if circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatments and/or special procedures.

Name, Address, & Phone Number of Physician \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Any current medications? \_\_\_\_\_



(Continued from page 1)

Any medical facility, its officers and personnel and any physician providing medical or surgical services to the child named above may rely upon the consent and executed by above named appointee with the same force and effect as if personally executed by me/us. The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of the treating medical facilities. In consideration of the services, which are rendered to the child named above, pursuant hereto, we agree to pay for all such services. This authorization shall be effective until the parent(s)/guardian(s) picks up the child at the end of camp.

**Parent(s)/Guardian(s) printed name(s)**

**Date**

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**Parent(s)/Guardian(s) signature(s)**

**Date**

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In the event that only one parent executes this form, please state below why the signature of the other parent can not be obtained.

If the child is under guardianship, the guardian(s) should execute the authorization. (Parents, guardians, consult your attorney for assistance and questions of law.)



## RELEASE FORM

By signing this release form, I authorize C.O, Mollenhour Conservation Camp, to use the following personal information of my child:

- (1) My child's picture - including photographic, motion picture, and electronic (video) images.
- (2) My child's voice – including sound and video recordings.

I hereby grant C.O. Mollenhour, its subsidiaries, licensees, successors, and assigns, the right to use, publish, and reproduce, for all other purposes, my child's name, pictures of my child in film or electronic (video) form, sound and video recordings of my child's voice, and printed and electronic copy of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media, including, without limitation, cable and broadcast television and the internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences, and in brochures and other print media.

This permission extends to all languages, media, formats, and markets known or herby devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant C.O. Mollenhour all right, title, and interest that I or my child may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant C.O. Mollenhour the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer-generated scanned image and other electronic media that may be used in conjunction there with or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Signature** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



## CAMP RULES

Dear Campers & Parents,

We are excitedly anticipating our 75th year of Conservation Camp! As always, our goals are to help each child develop skills in conservation, teamwork, leadership, sportsmanship and an awareness of the outdoors. In order for us to provide for the safety and well being of our campers while we work to accomplish these goals, we have the following rules:

- Campers must be 9-14 years old – they must have had their 9th birthday and not yet reached their 15th.
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- Registration forms and the \$225.00 camper's fee must be returned to C.O. Mollenhour Conservation Camp, Camp Registration, PO BOX 1366, Warsaw, IN 46580. The camp is limited to the first 80 registrations. We operate on a first come, first serve basis, so **please get your registrations in early.**
- Payment must be made upon registration. If an organization or individual other than a parent or guardian is sponsoring a camper, a check or a letter from the sponsor with the sponsor's name and phone number included **MUST** accompany the registration form.
- Check-in will begin at 2:30 P.M. on Sunday. No early check-in's!
- **No camper** will be admitted without a signed "Consent for Medical Treatment" form on file to be turned in at registration.
- The camp Director should be informed if any child has special needs so that consideration can be made toward those needs. To contact campers, **(EMERGENCY ONLY!!)** 260-352-2367.
- If there is a valid reason that a camper must leave or be visited by parents during this week, special arrangements **MUST** be made with the Camp Director during the check-in time. Should an emergency arise during the week, please call the camp to inform the director of your needs. Separation of the child from the parent is part of the camp experience.
- Each camper is to provide a sleeping bag, pillow, extra blankets, extra towels, toilet articles, insect repellent, sun screen, flashlight, bathing trunks, one piece swim suits (girls), clothing for five days and rain gear. Flip-flops are to be worn to and from the showers **ONLY**. Athletic equipment or fishing gear may be brought to camp, but the camper must assume full responsibility for these items. The camp is not responsible for lost or stolen items. Please make sure all items are marked with your child's name.
- **DO NOT BRING BLOW DRYERS, VIDEO GAMES, CELL PHONES, RADIOS, KNIVES, POP, MONEY, OR FOOD.** Please do not send items of value with your child.
- Swimming is only allowed during specified times and under the supervision of a lifeguard. (We use the "buddy system" as an additional safety measure.)
- Each camper is expected to help keep the camp clean and in working order as well as cooperate with counselors, other staff and fellow campers. Any damage to camp property will be the responsibility of the camper's parent or guardian.
- We will make every effort to make each camper's stay an enjoyable one, but cooperation is very important. The Camp Director reserves the right to send a camper home at the parents' expense, if they become unmanageable.
- Rules for acceptance and participation in the program is the same for everyone without regard to race, color, sex, age, religion, disability or national origin. Any person who believes he has been discriminated against in any USDA-related activity should write to: Secretary of Agriculture Washington, DC 20250.
- **THE AWARDS CEREMONY AND PICK-UP WILL BE ON FRIDAY AT 6:00 P.M.** There will be no dinner served Friday evening. **PLEASE BE PROMPT.**