

May 3, 2017

Dear Student:

Congratulations!! You have been accepted to the Color Country Natural Resource Camp
May 30th - June 3rd

There will be a mandatory preliminary camp meeting **Wednesday, May 10th** at 6:30 p.m.
at the BLM (345 East Riverside Drive).

Please bring camp forms and payment to the meeting. Please make sure the forms are
complete and signed by parent(s)/legal guardian(s).

Your parents are encouraged to attend. If you cannot attend this meeting, please call
Jaime Christensen (435) 229-0350 so other arrangements can be made. We look forward
to visiting with you and getting to know you at the camp.

Thank you,

Jaime Christensen
Color Country Natural Resource Camp

**2017 COLOR COUNTRY NATURAL RESOURCE CAMP
CAMP DESCRIPTION**

- Dates:** May 30-June 3
- Site:** Blue Springs, Panguitch Lake
- Sponsors:** **Washington County School District**
Pine View High School
U.S. Department of Agriculture
Forest Service
Natural Resources
Dixie Soil Conservation District
U.S. Department of Interior
Bureau of Land Management
Washington County
Red Cliff Desert Reserve
Utah State
Division of Wildlife Resources
State Lands, Parks and Forestry
Utah State University
Washington County Extension
Dixie Applied Technology Center
Arizona Strip Interpretive Association
St. George City
Kaibab Paiute Tribal Council
- Participants:** Utah high school students, ages 15 and over, and who have submitted applications. From these, 36 have been selected to participate in this years camp.
- Costs:** There is a \$75.00 fee per student to help cover camp expenses. All other costs of the camp will be covered by the Agencies.
- Equipment:** See equipment list.
- Insurance:** Health and accident insurance is maintained for the camp. Also, a contingency plan is in place in the event of an emergency.
- Staff:** Personnel from both the private and public agency sectors in Utah will assist as counselors and instructors at the camp.
- Contact:** Sandy Ferrell, DHIS 652-4772 Ext. 304
Dustin Dayley, HHS 635-3280 Ext. 123
- PLEASE NOTE:** Refer to the Camp Rules information enclosed for further explanation concerning conduct, participation, and expectations of the participants during the camp.
- Emergency:** Contact Sandy Ferrell for EMERGENCIES only
Cellular: 632-3933

**COLOR COUNTRY NATURAL RESOURCE CAMP
FINAL PLANS 2017**

1. We will be leaving the BLM (345 East Riverside Drive) Tuesday, May 30th at 7:00 a.m.
We should return by 5:00 p.m. on Saturday, June 3rd.

2. Please bring the following items:

AIR MATTRESS/BEDROLL FOR SLEEPING ON GROUND

PILLOW

SLEEPING BAG

****BRING FISHING LICENSE IF YOU HAVE ONE****

INSECT REPELLENT

FANNY PACK OR SMALL BACKPACK WITH CANTEEN

DIGITAL CAMERA/FILM

FLASHLIGHT OR HEADLAMP(EASIER TO DO STUFF WITH)

SUN SCREEN

SUN GLASSES

PEN AND PENCIL

BINOCULARS

FIELD GUIDE(IF AVAILABLE)

GEAR FOR BIKING OR KAYAKING (IF AVAILABLE)

It may freeze at night so you will want to dress in layers.

HIKING SHOES/ **EXTRA PAIR OF SHOES**

HAT

SOCKS(a pair a day)

SHORTS

T-SHIRTS

LONG PANTS

WARM SHIRTS

SWEATSHIRT AND WARM JACKET

GLOVES

RAIN PONCHO

TOWEL/WASHCLOTH

BLANKET

CAMP CHAIR WITH NAME ON IT

MEDICATIONS

COMB

PERSONAL ITEMS

TOOTHBRUSH

**ALL CLOTHING SHOULD CONFORM TO SCHOOL DRESS CODE
STANDARDS.**

**2017 COLOR COUNTRY NATURAL RESOURCE CAMP
MEDICAL HISTORY TREATMENT RELEASE FORM-YOUTH**

This form must be **completely** filled out and signed by the youth participating and the parent(s) or legal guardian(s). The completed form must be received by May 27th or participation in the camp will be denied.

Information/Medical Treatment Release

Participant's Name _____ Birth date _____ Sex _____ Age _____
Parent(s)/Legal Guardian(s) Name(s) _____
Home Address _____
Where parent(s)/guardian(s) can be reached during camp period _____
Telephone Number _____
Family Physician's Name _____
Family Physician's Telephone Number _____

In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anesthesia and surgery for my/our child as named above. I/we agree to reimburse the camp for any additional cost not covered by the insurance in the event of illnesses or injuries that might occur during the duration of the camp and all camp activities.

Signature of Parent(s)/Legal Guardian(s) _____
Date _____

Medical History

Indicate **past/present** medical conditions and their dates of occurrences:

Ear Infection _____ Allergies _____ Chicken Pox _____
Rheumatic Fever _____ Hay Fever _____ Measles _____
Convulsions _____ Insect sting _____ Mumps _____
Diabetes _____ Penicillin _____
Behavior _____ Plants _____ Asthma _____
German Measles _____ Other drugs _____ Food _____

(Over Please)

Date of last tetanus immunization or booster _____

Dates of recent operations or serious injuries _____

Drug Allergies (other than above) _____

Chronic or recurring illnesses _____

Other diseases or details of above _____

Any activities (specific) to be encouraged? _____

Any activities (specific) to be discouraged? _____

Important Information

**If the participant has been exposed to any communicable disease within a week before going to the camp, a signed note must accompany the participant and be given to the Camp Director at the beginning of the camp.

If you are bringing medication to the camp with you, your name must be on the prescription along with an explanation from the doctor **and parent to be given to the Camp Director.

**Any other conditions or instructions should be listed and explained here: (i.e. learning disabilities, etc.) _____

****BOTH SIGNATURES REQUIRED**

I/We have read and completed this form to the best of my/our knowledge and agree to all conditions as stated.

Signature of Participant _____

Signature of Parent(s)/Legal Guardian(s) _____

2017 Color Country Natural Resource Camp

Camp Agreement - Youth

This agreement is entered into between the participant, _____,

his/her parent(s) or legal guardian(s), _____,

and the Camp Directors of the 2017 Color Country Natural Resource Camp, Sandy Ferrell

and Dustin Dayley.

We (participant and parent(s)/legal guardian(s)) have read and understand all the expectations in the Camp packet as outlined, and agree to all stated conditions and actions. Furthermore, the said Camp or its staff will not be held responsible for any loss or damage to property or person taking part in the camp, whether said loss or damage shall arise from negligence or any other cause. We (parent(s)/legal guardian(s)) further understand that in the event of a serious injury or illness, we agree to allow the camp director to do whatever necessary as prescribed by a licensed physician or certified first aid counselor for the safety and health of my/our children if we cannot be contacted prior to needed treatment. Finally, in the event, of a disciplinary action resulting in exclusion from the camp, we (parent(s)/legal guardian(s)) agree to take full responsibility for travel arrangements from the camp for my/our child, including any incurred costs associated with this action.

****BOTH SIGNATURES REQUIRED****

Signature of Participant _____ Date _____

Signature of Parent(s) or Legal Guardian(s) _____

Telephone Number: Home: _____ Work: _____ Date: _____

Camp Director _____ Date: _____

**COLOR COUNTRY NATURAL RESOURCE CAMP
PARTICIPATION EXPECTATIONS**

1. Students will participate in all activities.
2. Students will demonstrate appropriate behavior.
3. Students will follow rules and guidelines as outlined at pre-camp meetings and at the camp itself.
4. Students will demonstrate respect for each other and the physical surroundings.

PHOTOGRAPHY, VIDEO OR PRINT MEDIA AUTHORIZATION FORM

I authorize Color Country Natural Resource Camp (CCNRC) to record and photograph my image and/or voice or that of my child for use by CCNRC or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any lawful form and manner without payment of fees, in perpetuity.

Subject's name _____
(please print)

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Parent or guardian must sign if subject is under age 18)