

BE SAFE. SHOOT STRAIGHT. FIGHT BACK!



Youth Hunter Safety Course & Shoot

Camp Three Falls - Frazier Park, CA -
August 18-20, 2016

While completing their hunter education requirements the campers will be learning to safely handle firearms and equipment from Certified Hunter Education, and NRA Instructors. Youth will learn the basic hunter education program and earn their California Hunting License on-site. Campers will then enjoy some outdoor camping activities and get ready for an early morning rise when they will complete their first successful hunt and return to camp to learn how to dress and cook their bird.

Local dog trainers will be on-site for campers to learn hunting with dogs.

Camp Three Falls is located in the Los Padres National Forest at the base of Mount Pinos in the northern part of Ventura County, approximately 50 miles north of Castaic Junction (Magic Mountain). The camp is at 5,400 feet elevation with a scenery of pinion pine trees, chaparral and sage. The name is derived from the three waterfalls located above the camp.

Everything is done in a hands-on fun format. All marksmanship and shooting activities are done in a controlled format. Even the gun dog work is closely supervised with a goal of having the youngsters make sound judgment calls throughout the hunt.

**Taking Reservations starting May 1, 2016. Space is limited and reservation are taken on a "first sign-up" basis. Contact: Sarah Barrett - www.carpa.org - email: sbarrett@carpa.org
Camp Cost \$ 140.00 Per Camper -- Price includes: Camping, All Meals & Drinks, Firearms & Equipment Use, All Ammo. All You Need To Bring Is**

Items for Campers to bring:

(2) pair of Rugged Pants

(2) pair of Shorts

(5) Tee-Shirts

(1) Sweatshirt

(1) Jacket

(6) Socks

Pajamas

Handkerchief

Hat

Swimsuit

Tennis Shoes

Hiking Boots & Heavy Socks Sleeping bag

Sleeping Bag Pad

Camping Pillow Toothbrush and Toothpaste

Shampoo

Bath Soap

Tissue

Swim & Shower Towel Brush and/or comb

Sun Protection

Insect Repellent

Flashlight w/fresh batteries

Lantern Small Day Pack

Re-fillable Water Bottle

Personal first-aid kit





The Basics:

- 1: Check-in time: 1:00pm Thursday, August 18, 2016
- 2: Pick-up time: Starting 3:00pm Saturday, August 20, 2016
- 3: Camper's age range 10 to 17 years of age
- 4: Camper registration fee \$ 140.00, before July 1, 2015
- 5: Please complete the attached forms and submit electronically or mail payment to:

**CRPA 3-Day Youth Hunter Camp
California Rifle & Pistol Association
271 E. Imperial Hwy., Suite 620, Fullerton, Ca 92835**

Camp registration is limited to 40 campers.
Registration is on a first come, first paid basis.

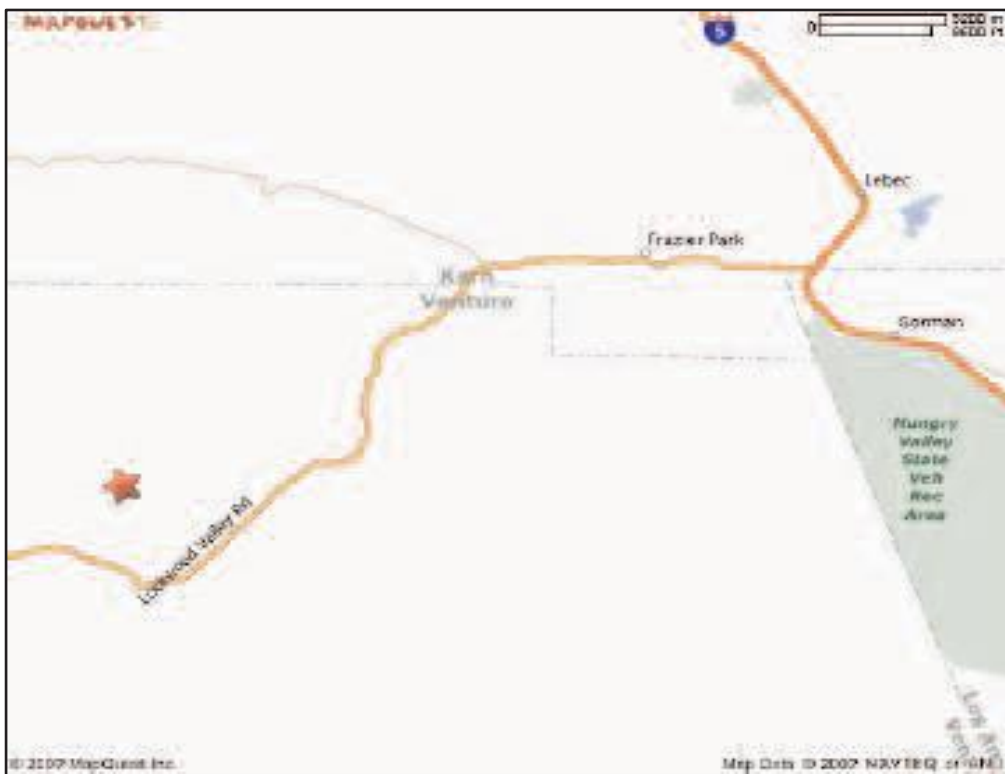
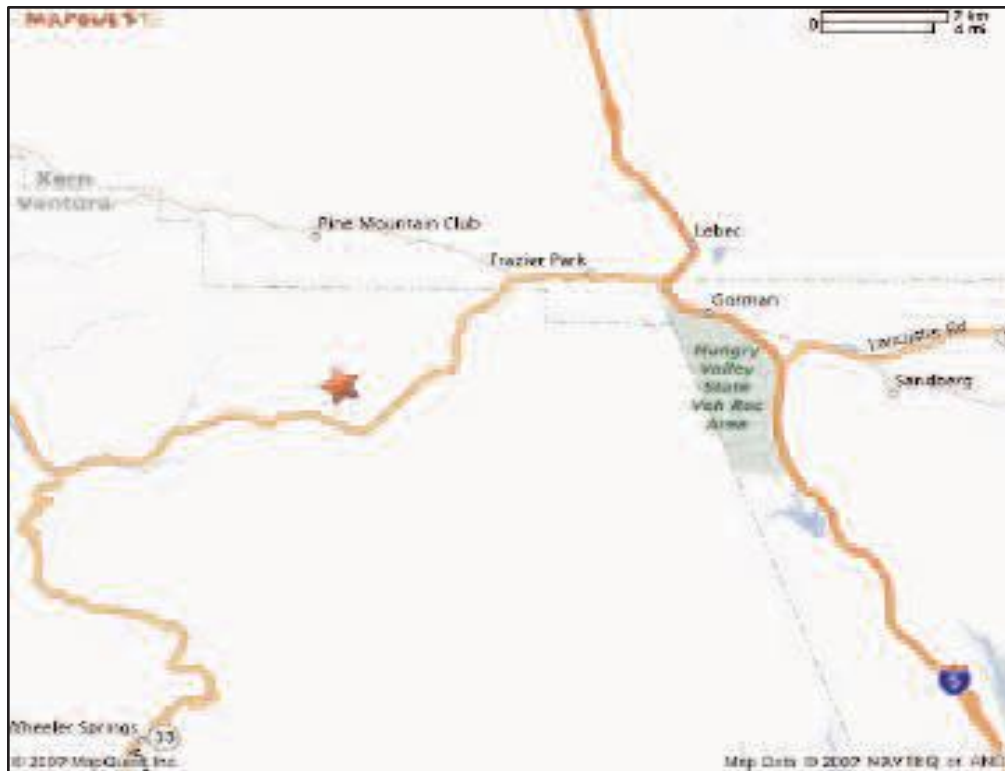
- 6: All firearms and ammunition are provided.
- 7: Eye and ear protection provided.
- 8: All Meals are provided.
- 9: Dog and trainers provided.
- 10: Do not send IPODs or any Electronic game devices to camp. Cellular phones may only be used with permission of the Camp Director.*
- 11: No Weapons: Knives, Clubs, Guns, etc. No Illegal drugs, Cigarettes or Tobacco.
- 12: No Gang Style Clothing or Colors

Suggested Items:

Camera and Film
Binoculars
Gloves
Sunglasses
Pencil / Pen & Notebook

*CRPA is not responsible for lost or damaged electronic devices or personal items.

Camp Three Falls - 12260 Boy Scout Camp Road - Frazier Park, CA 93225



Take I-405 North toward Sacramento and merge onto the I-5 north.

Proceed about 43 miles to the Frazier Park / Frazier Mtn Park Road exit (exit is beyond the Gorman), and turn LEFT (north-west).

Continue on Frazier Mtn Park Road for just over 7 miles and turn LEFT (south) on Lockwood Valley Road.

Proceed just over 8 miles to Boy Scout Camp Road and turn RIGHT.

The Camp parking lot is located behind the gate at the end of the road.

Please complete this Application, Health Information & Parent Authorization For Firearms forms.
Your child will not be accepted without all three forms completed.

Child's Name _____

Date of Birth _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Parent or Guardian's Name _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Alternate Responsible Person (Not Parent) to be contacted in case of emergency if parent of guardian is not available:

Name _____ Relationship _____

Address _____

Phone _____ Bus Phone _____

If someone other than the above parents or guardians will be picking your child up from camp please provide the following:

Name _____ has my permission to pick up my child from the CRPA 3-Day Camp.

Name _____ Relationship _____



CRPA 3-Day Youth Hunter Camp

August 18-20, 2016

Applications are due by July 31

The camp is limited to 40 campers.

Campers will be selected on a first sign-up basis.

	T-Shirt Size:	Youth Medium	Youth Large	
Adult Small	Adult Medium	Adult Large	Adult X Large	Adult XX Large

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CARD HOLDER NAME: _____ 3 digit code (back of card) _____

Billing Address: _____

Card Signature: _____

VISA MASTERCARD DISCOVER AMEX CHECK check #:

PERSONAL HEALTH AND MEDICAL RECORD

(To be filled out annually by all participants)

Height _____ Weight _____ Eye Color _____ Hair Color _____

NAME: _____

To be filled out by parent, guardian, or adult participant. Please print in INK.

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No _____

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 Yes No

ADHD (Attention-Deficit

Hyperactivity Disorder)

Convulsions/Seizures

Hemophilla

Asthma

Diabetes

High Blood Pressure

Cancer / Leukemia

Heart Trouble

Kidney Disease

Explain: _____

Please list ALL medications taken 30 days prior to arrival at the CRPA activity where this form is to be used: _____

List any **medications to be taken at camp**, including Drug Type, Dosage, Route (oral, injection, etc.) and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances or playing strenuous physical games: _____

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

Immunizations: (give date of last inoculation.)

Tetanus toxoid _____

Measles _____

Polio _____

OR DPT _____

OR MMR _____

OR Chicken Pox _____

Hepatitis A _____

Hepatitis B _____

Varicella _____

I give permission for full participation in CRPA's programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date: _____ Signature of parents/guardian or adult _____

Date updated: _____ Signature of parents/guardian or adult _____

Date updated: _____ Signature of parents/guardian or adult _____

Permission To Administer "Over the Counter Medicines"

I hereby give permission to CRPA to administer "over the counter medicines" supplied by parents/guardian for camper's use. These medicines must be given to Camp Director(s) on first day of camp with packaging clearly marked with campers name and any specific directions.

Tylenol Advil Sudafed Other _____

Name _____ Date: _____

Signature _____ Relationship _____

California Rifle & Pistol Association

PARENT AUTHORIZATION FOR FIREARMS

CALIFORNIA PENAL CODE Section – 12552
Furnishing of BB Device to Minor Without Parental Consent.

Every person who furnishes any BB Device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor.

My child _____, has permission to receive instruction and training in the care and use of:

_____ **Shotguns** (please check)

and the firing of the same. It is further understood that this will be under the direction of a certified range master.

Check appropriate relationship: I am the parent _____ or legal guardian _____

Signature _____ Date _____

Printed Name _____

**California Rifle & Pistol Association
Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in CRPA camp activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release California Rifle & Pistol Association, Camp Three Falls, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Campers will be participating in the following activities while at camp: shotgun, use of knife, hiking, planted bird hunt (advanced only), game care, fire building/starting, cooking..

In case of an emergency involving my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions

With special consideration or restrictions (list)

Talent Release Form

I hereby assign and grant to CRPA and Camp Three Falls the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child, and I hereby release CRPA from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation and at the discretion of CRPA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

I understand that, if any information I have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's Name _____

Participant's Signature _____

Parent/Guardian's Signature _____

Date _____