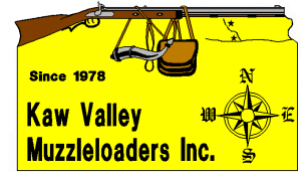


Kaw Valley Muzzleloaders Inc.

Muzzleloading Shooting Sports Camp

2018 Camp Application



Applicant Information:

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Age: _____ (If under 18 state age, if 18 or older state Adult) Male Female
Camp Fee: Registrations received by August 31st. \$35.00
Adult Camper not participating in Shooting Events \$ 5.00

***Any registrations or payments received after August 31, 2018
will need to include \$15 Late Fee per participant***

Applying for (See Requirements Below *): Beginning Level Camp Advanced Level Camp

Have you participated in one of our camps before: _____ If so, when: _____

I wish to be grouped with: _____
(We will try to facilitate this request but we cannot guarantee it, please
note that groups will no longer be modified or changed at the event.)

* Must be capable of shooting rifle, shotgun & pistol without assistance for the Advanced Camp

* Completion of KVM Beginning Camp is required prior to enrolling in the Advanced Camp

**Please Note That Participants Must Complete Both Days
To Receive Certificate of Participation
Saturday 8:00 – 5:00 & Sunday 8:00 – 1:00**

Parental Permission for Applicants Under 18 Years of Age:

I, _____ the parent or legal guardian of _____,
Hereby give permission for my child to participate in the KVM Muzzleloading Shooting Sports Camp
applied for through this application. It is understood that he/she will participate in all scheduled activities,
exhibit good behavior, cooperate with camp staff, and comply with all camp and range rules and
regulations. It is further understood that any breach of conduct may be cause for immediate and
permanent expulsion from the camp. Camp will be held regardless of weather and no refunds will be
given if camp is not attended or if participant is required to leave. I also understand that completion of
the entire camp is required to receive certificate of completion.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Emergency Information and Medical Treatment Consent:

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

City: _____ Work Phone: _____

State: _____ Zip: _____ Cell Phone: _____

List any medical conditions, current medications, allergies or medical history that camp personnel should be aware of; or that might help medical personnel provide care or treatment in case of an emergency:

For parents or guardians of participants under 18 years of age:

We, the parents of _____

Give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Insurance Provider: _____ Policy Number _____

Photographic Release:

I hereby grant to Kaw Valley Muzzleloaders Inc. the right and permission to copyright and / or use, reuse, publish and / or republish photographic images or pictures of me taken during this camp for advertising / promotional purposes. I hereby release, discharge and agree to hold harmless the above-mentioned party from any liability resulting from 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 the materials produced and hereby waive any right to pre-approve or inspect materials prior to publication or distribution.

Signature: _____ Date: _____
(Participant)

For parents or guardians of participants under 18 years of age:

Signature: _____ Date: _____
(Parent or Legal Guardian)

For questions regarding the camp call
Lee Tebbutt at 785-617-0061 or
Alison Emme at 785-770-2340
For camp openings or application questions call
Alison Emme at 785-770-2340

Please Sign All Sections
Mail Payment And
Original Completed Application To:
Kaw Valley Muzzleloaders Inc.
c/o Alison Emme
325 Knox Lane
Manhattan, Kansas 66502