



# Youth Hunter Education Shooting Sports Camp

Camp Three Falls - Frazier Park, CA -  
August 14-16, 2015

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, 2015. Space is limited and reservation are taken on a "first sign-up" basis. Contact: Ashley Maxfeldt - [www.crupa.org](http://www.crupa.org) - email: [amaxfeldt@crupa.org](mailto:amaxfeldt@crupa.org)  
Camp Cost \$ 145.00 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                | Sleeping Bag Pad                         |
| (2) pair of Shorts                      | Camping Pillow Toothbrush and Toothpaste |
| (5) Tee-Shirts                          | Shampoo                                  |
| (1) Sweatshirt                          | Bath Soap                                |
| (1) Jacket                              | Tissue                                   |
| (6) Socks                               | Swim & Shower Towel Brush and/or comb    |
| Pajamas                                 | Sun Protection                           |
| Handkerchief                            | Insect Repellent                         |
| Hat                                     | Flashlight w/fresh batteries Lantern     |
| Swimsuit                                | Small Day Pack                           |
| Tennis Shoes                            | Re-fillable Water Bottle                 |
| Hiking Boots & Heavy Socks Sleeping bag | Personal first-aid kit                   |





### **The Basics:**

- 1: Check-in time: 4pm-8:30pm Friday, August 14, 2015.
- 2: Pick-up time: Starting 2pm Sunday, August 16, 2015
- 3: Camper's age range 7 to 17 years of age
- 4: Camper registration fee \$ 145.00, 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 14-16, 2015**

Applications are due by July 1, 2015

**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 \_\_\_\_\_

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

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 toxaid \_\_\_\_\_

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 \_\_\_\_\_

**Some hospitals require the parent/guardian signature to be notarized. Check with local Quail & Upland's Representative.**

### Permission To Administer "Over the Counter Medicines"

I hereby give permission to Quail & Upland's Wildlife Federation, Inc 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 \_\_\_\_\_

NAME:

# California Rifle & Pistol Association

## PARENT AUTHORIZATION FOR FIREARMS

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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.

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

\_\_\_\_\_ **Shotguns**

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)

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**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

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**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 \_\_\_\_\_

Click Here to Submit  
Electronically