

# SANTA CLARITA VALLEY CHAPTER

## Quail & Upland

### WILDLIFE FEDERATION



©

## Youth Hunter Education Shooting Sports Camp

**Camp Three Falls - Frazier Park, CA - July 28 - August 1, 2015**

**Building Your Shooting, Hunting and Outdoor Skills**

Shotgun - Rifle - Archery - Muzzleloading Skills Clinics, Hunter Education Principles, Merit Badge Opportunities, NRA Rifle & Shotgun Qualification Program, Climbing, Orienteering, Conservation and more !

### Basic Hunter Education Camp

Quail & Upland's Basic Hunter Education Camp is open to youngsters from ten 10 to 15 years of age and is the **first** step in seeking their hunter education certificates. The Camp Three Falls Summer camp expands the traditional 10 hours of classroom instruction into a five day program of hands-on learning by doing and repetition.

While completing their hunter education requirements the campers will be learning to safely handle shotguns, rifles and archery equipment from several Certified Hunter Education, NRA and USA Archery Instructors.

Once the basics of safe firearms handling are understood, the youngsters will visit the range everyday where they will learn shotgun, rimfire, archery marksmanship skills.

The campers will take part in a dove nesting cone project to check usage and replacing nesting cones as determined by the survey. Plus they will learn quail, duck and turkey calling techniques. Bobwhite Quail from a local game bird farm is used to teach game care and basic cooking, plus local dog trainers stop by to demonstrate basic dog work and retrieving.

Successful campers that pass the Hunter Education class will receive their hunter education certificates at the conclusion of the camp.

### Advanced Shooting Sports Camp

Going hunting and getting the most out of the experience takes more than a basic hunter education class. It takes outdoor skills, techniques and confidence in your shooting ability to achieve success and to comfortably enjoy the outdoor experience. Quail & Upland's Youth Shooting Sports Camp is designed to enhance those skills.

The Youth Shooting Sports Camp at Camp Three Falls is open to youngsters from 11 to 15 years of age, who have already completed the basic hunter education program, possess their hunting license and are ready to take that **second** step.

Youngsters learn that sportsmen were America's first conservationist and the values of the outdoor heritage. Principles of Wildlife Conservation & Habitat restoration are taught on a daily basis. The camp starts with a full review of firearm safety. General camp activities include: Shotgun - Rifle - Archery Marksmanship skills, Instinctive shooting skills, Game calling (quail, duck and turkey). Advanced campers will participate in other activities such as, Tracking, Basic Outdoor Survival, Orienteering and what to do when the GPS doesn't work.

Advanced campers will also participate in a "planted" quail hunt. This hunt will simulate a real hunting experience, safety and hunting principles are practiced.

Camp Three Falls is located in the Los Padres National Forest at the base of Mount Piños in the northern portion of Ventura County, approximately 50 miles north of Castaic Junction (Magic Mountain). The camp has been providing quality summer programs for Campers since 1933. The name is derived from the three waterfalls: North Falls, Middle Falls, and Bitter Falls, that are located on the streams running from the mountains above the camp. The camp is at 5,400 feet elevation with a scenery of pinion pine trees, chaparral and sage. The summer weather at this elevation is dry and the temperature ranges from 70-90 degrees with cool evenings and crisp nights. Winter provides cool days and cold nights dipping into the low twenties on a regular basis. Snowfall is expected every winter, although as with most Southern California mountain areas, Mother Nature needs to supply the precipitation.

Everything is done in a hands-on fun format. All marksmanship and shooting activities are done in a controlled format on the range. Even the gun dog work is closely supervised with a goal of having the youngsters make sound judgment calls throughout the hunt. Activities such as Habitat Projects, Dog Training, Orienteering, and Firearms Training will be held in portions of Los Angeles and Ventura counties. A Camp Coordinator, Chief Hunter Education / USA Archery Instructor, NRA Chief Range Safety Officer, Adult Counselors, Junior Counselors and Volunteers from the Santa Clarita Valley Quail & Upland Wildlife Federation Chapter staff the Camp.

**Taking Reservations starting January 1, 2015. Space is limited and reservation are taken on a "first sign-up basis. Contact: Luann Peterson - [www.scvquwf.com](http://www.scvquwf.com) - email: [quwfyouthcamps@scvquwf.com](mailto:quwfyouthcamps@scvquwf.com)**

**Camp Cost \$ 420.00 Per Camper, \$ 470.00 after March 1, 2015 -- Price includes: Camping, All Meals & Drinks, Firearms & Archery Equipment Use, All Ammo & Targets. All You Need To Bring Is Your Sleeping Bag & Toothbrush!**





### **The Basics:**

- 1: Check-in time: 9-10:30am Tuesday July 28, 2015.
- 2: Pick-up time: Starting 8 am Saturday August 1, 2015
- 3: Camper's age range 10 to 15 years of age
- 4: Camper registration fee \$ 420.00, before March 1, 2015
- 5: Please complete the attached forms and mail them with your payment to:  
  

**SCVQUWF HE Camp**  
**P.O. Box 802738, Santa Clarita, Ca 91380**  
 Camp registration is limited to 36 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: All Archery Equipment is provided.
- 10: Each day there will be firearm safety and marksmanship training.
- 11: Game Care Classes (optional)
- 12: Do not send IPODs or any Electronic game devices to camp. Cellular phones may only be used with permission of the Camp Director.
- 13: No Weapons: Knives, Clubs, Guns, etc. No Illegal drugs, Cigarettes or Tobacco.
- 14: No Gang Style Clothing or Colors

### **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

### **Suggested Items:**

- Camera and Film
- Binoculars
- Gloves
- Fishing Rod
- Sunglasses
- Air Mattress
- Pencil / Pen & Notebook

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 of 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 \_\_\_\_\_

Res 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 SCVQU YHESS Camp.

Name \_\_\_\_\_ Relationship \_\_\_\_\_



## Youth Hunter Education Shooting Sports Camp

P.O. Box 802738, Santa Clarita, CA 91380

# July 28 - August 1, 2015

Applications are due by June 30, 2015

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

### **The camp is limited to 29 campers.**

Campers will be selected on a first sign-up basis. If you child is attending on a scholarship from another source, please indicate what organization is paying their tuition.

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Card Signature: \_\_\_\_\_

VISA

MASTERCARD

CHECK

CASH

SCHOLARSHIP

**Reserve space as soon as possible, Checks, Cash and Credit Cards will be deposited one (1) week before camp.**



# 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

Hemophilia

Asthma

Diabetes

High Blood Pressure

Cancer / Leukemia

Heart Trouble

Kidney Disease

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days prior to arrival at the QUWF 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 Quail & Upland'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:

TEAM:

# Quail & Upland Wildlife Federation

## 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:

\_\_\_\_\_ **BB guns**

\_\_\_\_\_ **Handguns**

\_\_\_\_\_ **.22 caliber rifles**

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

\_\_\_\_\_ **Muzzleloaders**

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 \_\_\_\_\_

**Santa Clarita Valley Quail & Upland Wildlife Federation  
Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in SCVQUWF 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 Santa Clarita Valley Quail & Upland Wildlife Federation, 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, rifle, pistol, black powder shooting, archery, ax and knife throwing, swimming (certified lifeguard will be present), hiking, planted bird hunt (advanced only), game care, fire building/starting, cooking, shot shell reloading, and making black powder lead bullets.

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 SCVQUWF 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 SCVQUWF 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 SCVQUWF, 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 \_\_\_\_\_