

MARYLAND STATE TRAPPING SCHOOL APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL ADDRESS _____

AGE, IF UNDER 18 _____

HAVE YOU TRAPPED BEFORE? _____ IF YES, HOW MANY YEARS? _____

WHAT DO YOU HOPE TO LEARN FROM THIS SCHOOL? _____

CONDUCT STATEMENT:

A standard of behavior is necessary to preserve the integrity of the Maryland State Trapping School, and to protect the health and safety of all participants. Instructors will supervise all activities and advise / enforce all rules pertaining to this event. Misconduct may forfeit your fees and continued participation in the Maryland State Trapping School. All minors that are not accompanied by an adult shall be required to possess a contact phone number for their parent or guardian, and a signed copy of the attached Maryland State Trapping School Application and Health Information form. Firearms, alcohol, illegal drugs, and tobacco products are prohibited on Camp Hickory grounds.

I have read and understand the Conduct Statement and agree to abide by all the rules.

Signature of Student

Signature of parent or guardian if student under 18

Cost: Total cost of this school is \$125 for non-MFTI members, \$100 for MFTI members, and \$50 for ages 12-16. A \$10 non-refundable deposit must accompany this form (unless paying online), with the remainder payable upon school sign-in.

Reservations: All reservations are on a first-come-first-served basis. Applications must be received no later than August 31, 2015.

Age Limit: Classes are limited to ages 12 and over.

Mail Information: All students under age 18 must complete this form and return by mail. Adults may choose to complete the online version.

Mail completed form, and payment if applicable, to Maryland Fur Trappers, Inc., c/o Jaime Glenn, 9 Jeanna Ln., Falling Waters, WV 25419. For information phone Jaime at (301) 465-0197.

MARYLAND STATE TRAPPING SCHOOL
YOUTH HEALTH INFORMATION

If you are a youth below age 18, please complete this form and return along with your application.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL ADDRESS _____

AGE _____

Should _____ (name of registrant) be stricken in any way, accident or otherwise, and in the opinion of the counselor in charge, should emergency treatment be required, you have my permission to seek medical help, including surgery, which in your judgment is necessary, during the Maryland State Trapping School, September 9-11, 2011.

A. The youth named above IS _____ or IS NOT _____ covered under hospitalization insurance with _____ Insurance Company, policy number _____

in the name of _____. The youth named above DOES _____ or DOES NOT _____ have an insurance card.

B. In case we are unable to contact you in an emergency, whom should we contact next?

Name _____ Phone Number _____

C. Family Physician _____

Office Phone _____ Home Phone _____

D. Does the youth have any allergies to medications, food, insect stings, etc.? _____

E. Does he/she take any medications routinely? _____ If yes, list names of medications, strengths and dosage schedule _____

F. Date of last Tetanus shot _____

Date

Signature of Parent or Guardian