

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?

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.

Age Limit: Classes are limited to ages 12 and over, unless accompanied by adult and approved by MFTI. Please call with questions.

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 _____
PHONE _____ E-MAIL ADDRESS _____
AGE _____

EMERGENCY CONTACT/RELATIONSHIP: _____
PHONE NUMBER: _____

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.

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: Dr. _____
Office Phone _____
HomePhone _____

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 _____

Signature of Parent or Guardian

Date