



2025 Idaho Conservation Officer's Association Mark Hill Memorial Youth Conservation Camp Application

Eligibility: Open to children 10, 11 or 12 years of age on August 4th, 2025.

Camp Dates: August 4th – 8th, 2025

Location: Trinity Pines Camp and Conference Center, Cascade, Idaho.

Cost: \$350.00 w/checks payable to ICOA (Idaho Conservation Officer's Association)

Applications must include camp fee to be considered. Fee returned if applicant not accepted

Return application to:

ATTN: Dustin Masin / ICOA MHMYCC
555 Deinhard Ln, McCall, Idaho 83638

All applicants will be advised of status between April and June. Additional reporting instructions and forms will be sent when camp roster is completed.

Please be sure that all forms are completed and signed. Incomplete applications will be discarded.

Campers Name (Last, First, MI)

Address (Mailing)

City, State ZIP

Email address: _____

DOB _____ Current Age: _____ Sex: M _____ F _____

T-Shirt Size (**Youth**) XXL _____ XL _____ L _____ M _____ S _____

Campers Weight: _____

Has Camper Completed Hunter Education Yes: _____ No: _____

Parent or Guardian _____

Relationship _____

Address (if different from camper): _____

Telephone (home) (____) _____ (Work) (____) _____

Emergency contact other than parent:

Campers Health Record

Camper name _____

Insurance Policy that covers camper:

Company _____

Address _____

Telephone (____) _____ Policy Number _____

Policy Holders Name _____ Group Number _____

Camper's parent or guardian will be responsible for any medical expenses incurred at camp

Family Doctor _____

Telephone: _____ Emergency contact: _____

On separate sheet, please advise if any of the following apply:

1. Physical conditions or dietary needs that require special attention by camp staff.
2. Current illnesses, diseases, or any medical conditions that may require special attention by camp staff.
3. Taking regular medication (Prescription or otherwise). Please list and give instructions.
Prescription medication will not be allowed unless listed.
4. Allergies, including foods and medications used to treat condition.
5. Asthma, list treatment needed to control.
6. Date of last Tetanus shot (must be current before camp).

Campers are responsible for providing needed prescription medications. Over-the-counter medication will be available at the camp. These must be checked in with camp medical officer and picked up before leaving camp.

Scholarships: Any group or individual that wishes to offer a paid scholarship to the ICOA Youth Camp may do so by completing the application or by sending a letter of intent with the camp fee to the above address. Scholarships will not be reserved until the camp fee is received. Names of campers to fill these spots must be forwarded to the camp director no later than **June 30, 2023**.

The ICOA will not select campers to fill prepaid spots. This is the sole responsibility of the sponsoring group.

GENERAL RELEASE AND CONSENT

I, the Undersigned, hereby certify that I am the legal parent or guardian of the prospective camper listed below, who desires to participate in the Idaho Conservation Officer's Association Mark Hill Memorial Youth Camp. I understand that some of the scheduled activities will take place off of the Trinity Pines Camp and Conference Center property and give my consent for my child to be transported as necessary by the camp staff.

I understand that campers will be given the opportunity to participate in various recreational activities including but not limited to discharging of firearms. They will be under the supervision of Idaho Conservation Officers and camp staff, but there are inherent risks that accompany these activities. In the event of an injury or medical emergency where doctor or hospital care is required, I am aware that I am responsible for any expenses incurred by my child. I hereby give consent for any emergency medical treatment or procedures that my child may require at any medical facility deemed necessary by camp staff or emergency personnel.

On behalf of myself, my child, our personal representatives, heirs and assigns, I hereby release and discharge the Idaho Conservation Officer's Association, its members, the Idaho Department of Fish and Game and its employees, Camp staff and the Trinity Pines Camp and Conference Center and its representatives from any and all claims of property damage or personal injury resulting from my child's participation in the ICOA Youth Camp.

I understand that my child will be subject to the disciplinary policies of the camp and refusal to abide by camp policies is grounds for dismissal from camp. I understand that I am responsible for my child's transportation to and from camp. In the event of a disciplinary dismissal I am required to provide transportation at the time requested by camp staff.

I understand and acknowledge the significance and consequences of such specific intention to release all claims, and hereby assume full financial responsibility for any injuries, damages, losses and medical expenses that my child or I may incur from the aforementioned event.

Parent signature _____ Date _____ Child name (print) _____