Camp: Introduction to Shooting

Age: 10-12

July 19 & 20, 2016 Date:

Time: 9a-3pm

Big Sioux Recreation Area; 84 W 10th St, Hawarden Location:

Entrance west of Casey's on Hwy 10

Contact: Sunday Ford 712-552-3057 (cell 712-551-6780 for emergencies)

What to Bring:

Backpack

Small water bottle (to carry on trails)

Rain gear 2 snack

1 sack lunch

Bug spray (apply prior to camp)

Sunscreen (apply prior to camp)

No open toe shoes

Parent Permission slip

Swim clothes for canoeing/swimming

Flip Flops or sandals

Towel

Permission Slip- Introduction To Shooting

| I, the parent/guardian of | appro | ve of my child attending |
|---|--|---|
| | (Child's name) | - |
| 3pm participating in the a Conservation Board and arising from participation | Big Sioux Recreation Area on Jul activities planned. I agree that the the employees shall not be liable for in the outdoor education programervised at all times. I | Sioux County for any accidents or claims with the understanding |
| permission for my child t | o be photographed and give the So ertisement, programs, newspaper, | CCB permission to use |
| Parent Email: | | |
| Person to contact in case | of emergency: (include name, add | ress, phone) |
| Other emergency names | and numbers: | |
| My child is allergic to: (n | nedicines and allergies related to t | he outdoors) |
| Also, the following physic | cal conditions may restrict my chi | ld's activities: |
| Y | Signa | ture of parent/quardian |