



2018 Southwest Montana Fly Fishing & Conservation Camp Application

Camp Dates:

Ages 12-14: July 30 – August 1 + a pre-camp instructional day on July 26*.

Ages 15-17: August 1 – August 3 + and a pre-camp instructional day on July 26*.

**The instructional day is not mandatory*

Location:

Camp Watanompa at Georgetown Lake

Camp Overview:

The week of July 30th - August 3th, 2018, marks the Clark Fork Watershed Education Program's 10th Annual Southwest Montana Fly Fishing and Conservation Camp. The camp is open for boys and girls ages 12-17. This year our camp has been broken up into two age groups and is a three-day, two-night camp. The camp is sponsored by a number of local businesses and is aimed at teaching young individuals the sport of fly fishing, science and history of our local waters and fisheries, and the ethics and science of stewardship and conservation, respectively. The camp includes many local and regional expert instructors as well as scientists who talk about the number of waterways in the area which includes the Upper Clark Fork, Rock Creek, and Georgetown Lake.

Participants Learn:

- Equipment use
- Fly selection
- Knot tying
- Fly casting
- Fly tying
- Stream & stillwater tactics
- Fish ecology & identification
- Insect identification
- Riparian ecology
- Stream restoration
- Conservation
- Fisheries management
- Stream access issues
- Sportsman etiquette & ethics

Camp Fee:

A \$75.00 non-refundable administration fee is required for all successful applicants to attend the camp and must be included with your application. This is the only cost associated for camp attendees; in the event you are not chosen, your check/cash will be returned no later than Monday, July 16, 2018.

If for some reason this fee will prevent you/your child from being able to attend the camp, please explain the circumstances or contact the staff on this application and special exceptions may be considered.

Necessary Gear/Equipment:

All participants are asked to bring the items listed at the right to the camp. All other gear, meals, instruction, transportation, and accommodations will be provided. Please notify camp staff on the application if you do not own or have access to any of the necessary gear/equipment.

- Sleeping bag
- Pillow
- Pair of wading shoes or boots
(Note: Do NOT bring only a pair of flip flops!)
- Rain gear (i.e. raincoat, rain hat, pants)
- A brimmed hat or cap
- Clothes for both hot and cold weather
- Swimsuit

Application Deadline

All Applications must be received by Friday, July 6, 2018 to warrant consideration. Successful applicants will be notified by the end of Friday, July 13, 2018.

Important Note:

There are 20 spots available per camp and once the spots are filled, no other applications will be accepted. However, you can request to be put on the list for the next year to reserve a spot.

**** THIS SECTION OF THE APPLICATION MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED****

Please return to Montana Tech, CFWEP Office (Health and Sciences Building, Room 003) or mail to:

Southwest Montana Fly Fishing Camp
c/o CFWEP.org
1300 West Park Street
Butte, MT 59701

General Contact Information

Parent/Guardian Name	
Child's Name	
Street Address	
City State ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Please check the box next to the camp your child will be attending below:

- Ages 12-14: July 30 – August 1
 Ages 15-17: August 1 – August 3

Child's Date of Birth: _____

Medical Release

The following information is requested to provide the camp staff with information necessary in the event of an accident, emergency, medical or health problem.

Students Name _____

Parent/Guardian's Name _____

Address _____
Number and Street/PO Box City State ZIP Code

Phone Number (H) _____ (W) _____ (Cell) _____

Student Medical History and Information

Do you have health insurance? (circle one) YES NO

Medications (please list below:)

Does your child have any physical/mental condition which could interfere with his/her ability to take part in outdoor, physical, educational, or overnight activity, or would present a possible medical situation that camp staff should be aware of (i.e. asthma, diabetes, allergies, etc.)?

Medical Consent and Release

I, _____, am the parent or guardian of

I hereby consent that the above named minor has my permission to participate in the activities planned in conjunction with the Southwest Montana Fly Fishing Program. I hereby recognize that there may be risks involved with respect to the activities in this program. I hereby assume such risks, and release Montana Tech and its agents, employees, or students of any liability. I understand that in the event of a medical emergency, attempts will be made to contact me. If said attempts are not immediately successful, the camp supervisors may refer the above named minor to a licensed medical practitioner and/or clinic. I hereby consent that such physician, hospital, or clinic may treat the said minor in response to the medical emergency. I hereby release Montana Tech, its agents, employees, and students of responsibility for the above named minor in the event that the minor does not follow prescribed treatment for injury/illness.

Parent/Guardian's signature

Date

Person to Notify in Case of Emergency

Name	
Street Address	
City State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing this form, you are committing to taking part in all activities, being on time and behaving in a safe and respectful manner.

Student Name (printed)	
Campers Shirt Size (For Camp Shirt)	
Signature	
Date	

Parental Consent

All precautions will be taken to ensure the safety of participants. However, since your child is a minor we do need your permission for their participation. Please read the following and sign and date:

I hereby give my child permission to attend and take part in the Southwest Montana Fly Fishing Camp. I will not hold Montana Tech or CFWEP.org responsible in the event of an accident or injury as a result of his/her participation. I understand that in an emergency either I or another adult individual listed above on this application will be contacted immediately (as specified above).

I also give CFWEP.org permission to use any photographic or video images taken of my son/daughter in future publications and/or advertisements for the Clark Fork Watershed Education Program.

Parent/Guardian Signature: _____

Student/Participant Signature: _____

Date: _____

Contact CFWEP

If you have any questions on the above form please do not hesitate to call us.

Contact Chris Doyle (CFWEP. Fly Fishing Camp Organizer) at:

(406)-496-4790

(406)-498-8868

cdoyle@mtech.edu