



**Youth Game Warden Day Camp Registration Form**  
 4017 FM 563 • Anahuac, TX, 77514 • 409-267-3337

**Participant Information (please print)**

Participant Full Name: \_\_\_\_\_ nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

High School/Home School Attending: \_\_\_\_\_

Allergies: (food, insects, etc)  NO  YES please list: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Time Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

Scholarship Requested(Y/N): \_\_\_\_\_ (see additional information needed on page 2)

**Day Camp Sessions**

Camp is June 13<sup>th</sup> – 15<sup>th</sup> 2018 from 8:00am-4:00pm

**Application due April 13, 2018, 4:00pm**

**\$100 per youth for all 3 days**  
**Includes: T-shirt, hat, water bottle, Challenge coin, drinks, lunches and completion certificate**

## Day Camp Requirements

Youth between the ages of 14 – 18

A completed application and essay received by April 13<sup>th</sup>, 2018

Transportation to training sites

## Participant Clothing Size Information

Please provide sizes:

T-shirt Size: Adult S M L XL

Waist Size: \_\_\_\_\_

Hat Size: \_\_\_\_\_

Size	Head Circum.
7	21 7/8
7 1/4	22 5/8
7 1/2	23 1/2
7 3/4	24 3/8

## Participant Application Deadline & Requirements

### **Final Application Deadline: April 13<sup>th</sup>, 2018**

All applications and essays will be reviewed between April 13<sup>th</sup> – 30<sup>th</sup>, 2018. A total of 16 students will be selected for the Youth Game Warden day camp. Selected participants will be notified immediately on May 1<sup>st</sup> 2018. You do not have to be present to be selected. Once selected, payment is due by May 31<sup>st</sup>, 2018, 4:00 pm or your child will be disqualified and replaced by another participant.

### **Scholarships Available:**

There will be 2 Scholarships available to cover the cost of the participation fee. Please provide additional written statement providing information for your request to be considered for the Scholarship.

**Register by turning in this form and an essay (NO MORE THAN 1000 words) written by the participant stating the reason why they want to be a Game Warden, and deliver the completed packet to the below listed address or fax number:**

In person: Youth Game Warden Camp  
Anahuac National Wildlife Refuge (NWR) Visitor Center  
4017 FM 563, Anahuac, TX 77514

By mail: Youth Game Warden Camp  
Anahuac NWR, PO Box 278, Anahuac, TX 77514

By Fax: 409-267-4314

**Applications available at the address listed above or online at the following website:**

<https://www.fws.gov/refuge/Anahuac> Additional information can be found on Anahuac Facebook and Friends of Anahuac Refuge site.

**Emergency Contact Information & Medical Awareness (please print)**

Your child's health is of utmost importance to us. In the case of a medical emergency, 9-1-1 will be called first and the emergency contact will be notified immediately. In the event of a minor medical incident (scrapes, cuts, etc), Anahuac NWR staff will perform minor first aid (apply bandage, first aid ointment, etc) with your approval. I (will/will not) allow Anahuac NWR staff to perform minor first aid.  
*circle one*

\_\_\_\_\_

Print name sign date

Please list any and all allergies: \_\_\_\_\_

Please list any medical conditions and/or medications that the child will be on during summer camp:

\_\_\_\_\_

Please state any other medical issues or special instructions for your child:

\_\_\_\_\_

Will you allow us to apply sunscreen? \_\_\_\_\_ Will you allow us to apply insect repellent? \_\_\_\_\_

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*Emergency contact #1*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell Phone(s): (\_\_\_\_)\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_\_

*Emergency contact #2*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell Phone(s): (\_\_\_\_)\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_\_

If you cannot return to pick up your child, please list those people who are authorized to pick him/her up (*they MUST present photo identification*).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How did you hear about our Youth Game Warden camp?

Newspaper    school    email    flyer    friend/relative    other \_\_\_\_\_

## Agreements

### Transportation

Initial \_\_\_\_\_

Transportation to camp will be provided by participant or other authorized individuals to primary training site and other training locations.

### Late Pick-up

Initial \_\_\_\_\_

Camp is from 8:00am – 4:00pm. If you arrive later than 4:00pm to pick up your child, there will be an extra \$1.00 fee for every 5 minutes past 4:00pm.

### Medical Release Information

Initial \_\_\_\_\_

In case of an emergency, I authorize Anahuac NWR staff to transport my child to closest Hospital or Bayside Clinic if I cannot be reached. I will be responsible for any charges incurred at the Hospital or Clinic. I hereby grant permission for certified medical personnel and/or physicians to treat my child. I give Anahuac NWR staff permission to sign forms and give permission for emergency medical care in my absence. I will not hold the Anahuac NWR staff or volunteers responsible in the event of injury to my child.

### Vaccinations

My child is current on all his/her state-required vaccinations.

Initial \_\_\_\_\_

### Sickness

Initial \_\_\_\_\_

I will not send my child to camp if he/she is not feeling well and/or has a fever. I will wait until my child has been free of fever for a minimum of 24 hours before allowing him or her to return to camp. In the case of sickness, a doctor's note will result in a refund of the camp days missed.

### Discipline

Initial \_\_\_\_\_

The first time a child misbehaves and/or disrupts the class, a warning will be given. The second time a child misbehaves/disrupts the class, another warning. Upon the third infraction, the child will be asked to leave the class and the parent will be called to pick up the child. Please remind your child to follow the rules and listen to directions, our goal is to learn about being a Game Warden while staying safe and having fun!

I give my child, \_\_\_\_\_, permission to participate in the Youth Game Warden day camp at Anahuac National Wildlife Refuge and the chosen training locations. My child, to the best of my knowledge, is in good physical condition and is capable of hiking, carrying 20 lbs. and engaging in minor physical activities inside and outside. I understand that hiking and other activities associated with an outdoor camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I have read all the above information and by initialing and signing this form, I understand and agree to that which is written.

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Printed name of parent/guardian

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Signed name of parent/guardian

date



# Agreement for Use of Likeness in Audio/Visual Products

## General Release

Event \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission to the U.S. Fish and Wildlife Service (USFWS) to record my name, likeness, image, voice, and/or sound, at the event specified above, and to place these recordings in the public domain.

As a result of these recordings being voluntarily placed in the public domain, the USFWS, or anyone else, may freely modify, reproduce, display, and/or distribute them in any media without limitation and without my approval or permission, with no monetary compensation to me.

The United States will be held harmless and have no liability for any use by any person or entity of the recordings made subject to this agreement.

### Adult

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the content, meaning, and impact of this release.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Minor Child (Under the age of 18)

Printed Name of Child/Children/Age \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

### For Internal Use

Producer \_\_\_\_\_ Production Date(s) \_\_\_\_\_

Production/Shoot Name \_\_\_\_\_

Production Location(s) \_\_\_\_\_

Additional Information

## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY Texas Chenier Plain NWR		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older	
14. <b>ETHNICITY &amp; RACE (Optional):</b> Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. <b>Race</b> (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMERGENCY CONTACT INFORMATION</b>			
15. NAME (Last, First)	16. PHONE Home: Mobile:	17. EMAIL ADDRESS	
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE		
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>			
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
24. <b>Description of service to be performed.</b> Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.  VOLUNTEER/SERVICE ACTIVITY ABSTRACT			
25. <b>Check all that apply:</b> <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity. <div style="text-align: center;">(NAME OF YOUTH)</div>		
32. Parent/Guardian Signature		Date
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION</b>		
33. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true: <input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b. <input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b. <input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
I do hereby volunteer my services as described above, to assist in authorized activities at ____ Texas Chenier Plain NWR____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. _____ <div style="text-align: right;">(NAME OF FEDERAL AGENCY)</div>		
34. Signature of Volunteer or Group Leader		Date
The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.		
35. Signature of Government Representative		Date
<b>TERMINATION OF AGREEMENT</b>		
36. Agreement Terminated Date:		Total Hours Completed:
37. Signature of Government Representative:		
<b>PUBLIC BURDEN STATEMENT</b>		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.		
<b>PRIVACY ACT STATEMENT</b>		
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		