



Teen Conservation Weekend

“Educating youth about Vermont’s wild habitats to inspire meaningful relationships with the environment and foster genuine connections with their peers.”

The Teen Conservation Weekend (TCW) allows teens ages 14-17 to learn about Vermont’s natural resources and get hands on experience in fishing, hiking, camping, and more.

The success of natural resources conservation depends on people’s awareness and understanding of natural resource management. The Vermont Fish and Wildlife Department plans to increase awareness in a previously untargeted age group through participation in the Teen Conservation Weekend.

The address and phone number for the main office is:

VT Fish & Wildlife Department
Attn: Hannah Phelps
1 National Life Dr., Davis 2
Montpelier, VT 05620 (802) 249-4199

Date of Application Submission & Acceptance

Your child’s TCW application is considered “**submitted**” at the time you e-mailed/or paper application arrives at Fish & Wildlife Office. Applications must be reviewed by the department before they can be processed.

TCW applications are “**accepted**” by the date and time that an application is “Deemed Complete”. An application can only be deemed complete after any incomplete/or unclear information has been corrected, and payment has been submitted.

Any questions regarding missing information or unclear information on a TCW application will be sent to the e-mail address for Parent/Guardian #1.

Weekend Cost:

The cost to attend the TCW is \$100.00 per teen. Participants may only attend one weekend per summer. Each weekend session begins at 8:00 on Saturday morning and runs through 4:00 on Sunday afternoon.

If Paying by Check: please mail to VT Fish & Wildlife address above. Be sure to put your child’s first and last name in the memo section of your check.

If Paying by Credit Card: please call Hannah Phelps at 802-249-4199 with card information.

If your family needs financial assistance to attend this weekend, please contact Hannah Phelps to make arrangements with a sponsor.

Please e-mail your application to Hannah.Phelps@vermont.gov or mail it to the main office.

2021 Session Date

This year, the weekend will take place at:

Edward F. Kehoe Green Mountain Conservation Camp
636 Point of Pines Road
Castleton, VT 05735

Teen Conservation Weekend - Coed

Saturday, August 14th through Sunday, August 15th

Rain Date:

Saturday, August 21st through Sunday, August 22nd

For questions about Teen Conservation Weekend registration, call: 802-249-4199.

Teen Conservation Weekend COVID-19 Regulations:

Below is a list of changes that must be followed by both families and staff to make it possible for TCW to operate during the summer of 2021.

- Due to the anticipated changes to Vermont travel restrictions, both Vermont residents and **out-of-state residents will be permitted** to attend TCW this summer.
- TCW will be capped at 25 participants this summer to allow for proper distancing and other safety concerns.
- A copy of a negative COVID-19 test within 3 days prior to the start of your child's weekend will be required to be brought with you to TCW. No exceptions will be made.
- Vaccinations are not required by anyone.
- Families for all campers attending TCW this summer must practice pre-camp low risk behaviors for the 14 days leading up to arrival (follow all Vermont State guidance and regulations).
- Guest speakers (foresters, wardens, and biologists) who are not vaccinated must get a COVID rapid test with negative results the day before coming to camp. All staff will be tested and receive negative results before the start of the weekend.
- Drop off on Saturday morning and pickup on Sunday afternoon will be done by ONE parent/guardian accompanying the camper.
 - Participants will be dropped off between 8:00-9:00am on Saturday and will be picked up between 3:00-4:00pm on Sunday.

The above list are the guidelines we have at this time and due to the changing nature of COVID these guidelines may have to be revised. We will do our best to keep you informed and will contact all participating families in August to reiterate our policies at the time.

Participant Information:

_____	_____	_____	_____	_____
First Name	MI	Last Name	Nick Name	Date of Birth (mm/dd/yyyy)
_____		_____	_____	_____
Mailing Address		City/Town	State	Zip Code

Method of Payment:

No Financial Assistance: _____

Outside Sponsoring Organization: _____

**Please contact Hannah Phelps if you are interested in this option.

Parent/Guardian Information:

Parent/Guardian #1	Parent/Guardian #2
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Email Address: _____	Email Address: _____
Primary Phone: _____ home / cell / work	Primary Phone: _____ home / cell / work
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

Additional Phone Number Instructions:

If staff need to contact your during the camp week, we will first attempt to use the primary phone number(s) listed above. Please enter additional phone number(s) for us to use if we are unable to reach you at the number(s) for parent/guardian#1 & #2 above.

Enter the additional phone number(s) in the order that you would like us to use when attempting to contact you or an alternate person, with the first number below being your first-choice alternative number.

If the phone number is for a second parent/guardian, friend, or family member, please enter their name next to their number.

1) (_____) - _____ - _____ _____
Phone Number (802)-111-1212 Name & Relationship to Camper

2) (_____) - _____ - _____ _____
Phone Number (802)-111-1212 Name & Relationship to Camper

Does the participant need any special accommodations for social/behavioral/emotional/physical needs?

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TO BE COMPLETED BY PARENT/GUARDIAN



**Teen Conservation Weekend
Medical Certificate**

**All medical information is kept confidential, and shredded at the end of each camp season.
Providing complete information allows our camp staff to fully meet the needs of your child.**

Participant Information:

Participant Name: _____
Parent/Guardian Name(s) _____
Participant Age _____ Date of Birth _____
Home Phone (Day) _____ (Evening) _____
Work Phone: (Parent/Guardian 1) _____ (Parent/Guardian 2) _____
Cell Phone: (Parent/Guardian 1) _____ (Parent/Guardian 2) _____

Emergency Contact Information:

(This Must Be Someone Other Than a Parent)
Name: _____
Address _____
Phone (Day) _____
Phone (Evening) _____
Phone (Cell) _____

Physician Information:

Name: _____
Practice Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Medical Insurance Information:

Name of Medical Insurance Carrier: _____
Group Number: _____ ID Number: _____
Medicaid Number (if applicable): _____

- I understand that as parent/legal guardian, that I am responsible for health insurance/coverage for my child while attending TCW.
- By checking this box, I give my permission for my child to participate in the Teen Weekend and in the event of sickness or injury; I give my permission for my child to be treated by a doctor or hospital at my expense.

Parent/Guardian Signature: _____ **Date:** _____

*If a medical emergency were to arise this would be the form that would be provided to medical personnel by GMCC staff.

TO BE COMPLETED BY PHYSICIAN

Physician Section – GMCC medical certificate P.2

Exact date of last physical: _____ (mm/dd/yy). Last physical (must be within previous 2 years of date of weekend session).

List of Allergies Yes No

If “Yes” Please check all boxes that apply

	Medication Taken	Dosage	When Taken
Seasonal	<input type="checkbox"/>		
Animal Dander	<input type="checkbox"/>		
Penicillin	<input type="checkbox"/>		
Amoxicillin	<input type="checkbox"/>		
Sufla Drugs	<input type="checkbox"/>		
	<input type="checkbox"/>		

Dietary Needs and/or Restrictions Yes No

No

If “Yes” Please check all boxes that apply

Gluten Free Required	<input type="checkbox"/>		
Lactose Intolerant	<input type="checkbox"/>		
Peanut Allergy	<input type="checkbox"/>		
Shell Fish Allergy	<input type="checkbox"/>		
	<input type="checkbox"/>		

Existing Medical Conditions Yes No

If “Yes” Please Complete below

	Medication Taken	Dosage	When Taken
Asthma	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Diabetic	<input type="checkbox"/>		
	<input type="checkbox"/>		

Other pertinent medical information: _____

Physician Signature: _____ **Date:** _____

Reminders:

1. Send this form in with your application or email it at a later time to Hannah.Phelps@vermont.gov. It must be submitted by July 31st, 2021 otherwise you will not be allowed to attend the weekend for liability reasons.
2. It is our preference that you use the TCW Medical Certificate form instead of one provided by your physician.
3. Participants must have been examined within the last two (2) years prior to the date he/she is attending camp.

Releases

Photo Release:

The Fish & Wildlife Department takes photographs of camp activities. These photographs may be used for educational purposes and/or to inform others about the program. The photographs taken during each weekend session will be made available through a Fish & Wildlife web page, accessible by password, to participants within the camp program so families can download any/all the photographs presented during the graduation ceremony. The web page will not be a secure site. Only those attending camp sessions will be provided the password necessary to access the web page specific to the program photos to minimize the opportunity for general public viewing.

At the graduation ceremony there will be the opportunity to have specific photographs containing images of your child removed prior to posting them to the web page by request.

Yes I authorize the photographing of my child _____ while at TCW
Child's First & Last Name

No I **do not authorize** the photographing of my child _____ while at TCW
Child's First & Last Name

Releases & Disclosures:

All of the following releases and disclosures must be agreed to or your child cannot enroll in Teen Conservation Weekend program. Please review each item carefully.

Parental Consent Form To Participate in Archery Activities While at TCW

All students under 16 years of age are required to have their parent/guardian consent to the student's participation in the archery portion of the TCW. Please indicate your agreement by checking the box below. Refusing to consent will mean your child cannot enroll as a Teen Weekend participant. If you have any concerns or questions, please contact the office.

I, legal parent/guardian give consent for my child to participate in the archery portion of the curriculum taught at Teen Conservation Weekend. I understand that participation in this program may expose my child or ward to the many risks associated with learning archery safety. I understand that the activities will include, but not be limited to, risks associated with outdoor recreation; handling bows and arrows; and target shooting. I expressly assume these, and all risks associated with the Archery Course. I hereby release and forever discharge. The State of Vermont, the Department of Fish & Wildlife, its agents, employees, volunteers, and other officers from all actions, causes of action, damage claims, demands or judgements, which my child, I, our heirs, executors, administrators, or assigns may have against the Department, its agents, employees and other officers, for all injuries, of whatever nature, including injuries to property, caused by or arising out of, the above described program.

I have read and understand the information in the Parental Consent Release section of the 2021 Teen Conservation Weekend Application. I understand the potential risks involved with participating in an archery course, and I hereby give my consent for my child to participate in archery while at TCW.

(Failure to give consent means that your child will not be allowed to attend camp)

Disclosures and Reminders

I understand that the age limit for a TCW participant is 14 through 17 years old. Children must reach their 14th birthday before or during the weekend they are at camp. NO EXCEPTIONS

I understand all participants of the weekend session will participate in archery, among their other camp activities. There is no alternate curriculum.

I understand that my child must have a complete physical examination within the previous two years of the weekend session chosen.

I understand it is my responsibility to complete the Parental page(s) of the Medical Certificate and that my child's doctor must complete and sign the Physician's page. I further understand it is my responsibility to send the completed medical certificate, and a photocopy of my child's medical insurance card via email to Hannah.Phelps@vermont.gov or via mail to the main office. Any questions or concerns about this can be directed to Hannah Phelps at 802-249-4199.

I understand that I, the parent or guardian, is responsible for health insurance and all bills associated with a camper's stay. TCW HAS NO HEALTH / MEDICAL INSURANCE COVERAGE FOR CAMPERS.

I understand that no refund will be issued, and/or that parents will be billed for tuition cost unless WRITTEN notice that the camper will not attend has been received in our office TWO (2) WEEKS in advance of the participant's session. An e-mail sent two weeks prior is considered written notice.

I understand that all refunds will be done at the end of the camp season, even if my child is placed on a waiting list and is unable to attend. I also understand that my check will be deposited, or my credit card will be charged even if my child is placed on a waiting list. If I do not wish to keep my child on a waiting list, I will contact Hannah Phelps, Camp Coordinator and submit a WRITTEN request so that a refund can be made back to me.

I understand that if my child is being sponsored by an outside organization and who further does not attend camp without giving a 2 week notice prior to the start of the session date that I will be billed for the amount of the sponsorship.

If an application is incomplete, an e-mail will be sent to a parental e-mail address requesting the missing information. Failure to respond to this email in a timely manner may delay your child's application and could jeopardize the chance of getting into the session.

I have read, understood, and agreed to the disclosures and reminders.

Parent/Guardian Signature

Date

Code of Conduct

- 1) I will not leave the camp area except with an instructor, parent, or sponsor.
- 2) I will swim only at scheduled times and under supervision.
- 3) I will not possess cigarettes, tobacco of any kind, marijuana, vaping products, alcohol or other illegal drugs
- 4) I will be courteous, neat, and clean, and observe customary table manners
- 5) I will not use name calling, put downs, or obscene language or gestures.
- 6) I will not abuse camp property or equipment
- 7) I will attend all scheduled activities and abide by all other rules of conduct explained to me at camp.
- 8) I will respect other people's feelings, bodies, and property.
- 9) I will not be involved in violence of any kind, including bullying, fighting with or threatening anyone.

****REFUNDS ARE NOT ISSUED IF A CHILD IS DISMISSED FROM CAMP FOR A VIOLATION OF THE CODE OF CONDUCT.**

Yes, my child has agreed to and understands the code of conduct.

COVID-19 Disclaimer

Please read, sign, and return the below COVID-19 disclaimer as part of your child's 2021 Teen Conservation Weekend Application

***Due to COVID-19 and the requirements necessary to keep staff and campers safe and healthy, you as parents/guardians need to know that although registration will open with both weekends available to the full number of campers (25/session), the specific details of how TCW may run are subject to change based on guidance from the Vermont Health Department and Governor's office. Those changes depend entirely on the ongoing developments with COVID-19. The potential is that some sessions could be cancelled, the numbers of participants allowed per session reduced, or TCW could be cancelled in its entirety. We will adjust registrations and offer refunds accordingly where appropriate. The most up to date COVID-19 operating procedures can be found on our website or upon request.

I understand the above information regarding TCW and changes that may occur due to COVID-19.

Parent/Guardian Signature

Date

Teen Conservation Weekend Application Checklist:

These documents MUST be submitted in order for an application to be processed:

- Participant Information Form
- Form of Payment (enclosed check or call for credit card payment)
- Parent Medical Form
- Photo and Archery Release Agreement
- Disclosures and Reminders Agreement
- Code of Conduct and COVID-19 Disclosure Agreements

These documents must be submitted upon arrival at camp at the latest* in order for your child to attend TCW:

- Physician Medical Form
- Copy of insurance card

*These documents can be scanned or mailed to Hannah Phelps ahead of time if you would prefer not to deal with paperwork at check-in.

Applications and supporting documents should be submitted to Hannah Phelps.

Email: Hannah.Phelps@vermont.gov

Phone: 802-249-4199

Mailing Address:

Vermont Fish & Wildlife Department
Attn: Hannah Phelps
1 National Life Drive, Davis 2
Montpelier, VT 05620

Teen Conservation Weekend Additional Information

What to Bring

During the weekend, we will be hiking out to a campsite to spend the night. All gear should be able to fit into a backpack to be carried by the participant. If you have any questions or concerns regarding gear, please reach out to Hannah.Phelps@vermont.gov or 802-249-4199.

Required Gear:

- Backpack large enough to fit all gear
- Sleeping bag and pillow
- Tent (can be shared between members of the same household)
- Toilet articles (soap, toothbrush, toothpaste, etc.)
- Change of clothes
- 1 pair of hiking boots or sneakers
- Hat or cap
- Warm layers (jacket, sweatshirt, etc.)
- Rain gear (weather dependent)
- Headlamp or flashlight with fresh batteries
- Water bottle

Optional Gear:

- Insect repellent (non-aerosol)
- Sunscreen
- Sandals/camp shoes (to wear after hike)
- Personal fishing gear

ALL CLOTHING AND EQUIPMENT SHOULD BE PLAINLY MARKED WITH THE PARTICIPANT'S FIRST AND LAST NAME

Do Not Bring:

- ~ Cell Phone / I-Pad / Tablet
- ~ Firearms / Ammunition
- ~ Hatchet / axes / knives
- ~ Tobacco: Smoke / Smokeless/ Vaporizers
 - ~ Alcohol or drugs
 - ~ Illegal Drugs / Marijuana,
- ~ Electronic devices (e.g. I-Pods, radios, handheld devices)
 - ~ Hair Dryers
 - ~ Candy or food
- ~ Supplies that cannot fit in one backpack/easily carried bag

Activities

Participants and their families can expect the following activities to take place at TWC and should pack accordingly:

- Intro to Backpacking and LNT
- Short Backpacking hike with gear
- Campout in tents
- Fisheries Biology Activities
- Sunset Hike
- Fishing
- Wildlife Biology Activities
- Archery