

## Registration for Youth Education Week

### Caesar Creek Youth Soaring Association, Inc. #31522

2019 camp: July 14, starting 3:00 pm through July 19, 6:00 pm

#### Purpose:

To develop the mind and character of interested youth by providing technical, scientific and business education through participation in the sport of soaring.

#### Focus:

- Personal growth through goal setting and achievement of goals
- Leadership – on and off the flying field
- Responsibility – taking responsibility for your actions
- Community – pitching in and supporting yourself and others around you
- Preparedness – value of planning and being prepared for expected and unexpected events
- Respect – having respect for yourself, others and equipment

#### Goal

Our goal is to fly as much as possible and get each youth at least 2 flights per day, weather permitting.

#### Bounds on Attendance

We are a volunteer organization and require youth members perform crew duties, assist with food preparation and clean-up. We also ask that family members (parents and or guardians) also be involved in the youth program to some level. We ask family members to help out through the week based on skill and comfort level:

- |                     |                         |
|---------------------|-------------------------|
| 1. Meal preparation | 5. Flight instructor    |
| 2. Chaperone        | 6. Mentors              |
| 3. Mentoring        | 7. Ground school        |
| 4. Tow pilots       | 8. Errands /Grocery run |

#### Requirements for attendance:

- Minimum for 13 years old to attend w/o parent or guardian
- Must be enrolled as a full-time student in Jr High, High School or College
- Be a member of Caesar Creek Soaring Club 6 weeks prior to camp in order to fly and receive flight instruction.
- Completion of the CCYSA application and agreement from CCYSA Leadership on youth attendance
- Camp fee \$300 with volunteer support (1 day minimum) \$500 with-out volunteer support
  - Camp fees are paid directly to CCYSA and cover:
    - Camp attendance and camp ground fee
    - Food for youth and volunteer
    - T shirt for youth
    - Canoe trip (Wednesday mid-day)
  - Camp fee does not include flying cost
    - Flying costs are paid to Caesar Creek Soaring Club in accordance with the CCSC Schedule of Fees and Dues

Youth Name

**CCYSA YOUTH EMERGENCY MEDICAL AUTHORIZATION**

This letter confirms that: \_\_\_\_\_ has our permission to participate fully in the Caesar Creek Youth Soaring Association (ground and flying operation).

Adult Volunteers at CCYSA and CCSC have our full permission to obtain any medical emergency or other medical care that may be required for \_\_\_\_\_ while participating in CCSC Operations and Activities.

Student Address \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Info concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

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**Contact Information**

Primary Contact \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_

Relationship: ( ) Mother ( ) Father ( ) Other \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_

Relationship: ( ) Mother ( ) Father ( ) Other \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred local hospital \_\_\_\_\_

**PART 1 – TO GRANT CONSENT:**

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by an above-named practitioner , or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**PART 2 – TO REFUSE CONSENT:**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the camp authorities to take NO action or to:

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

# **Camp Checklist and Gear**

## **Check List Documents**

1. Must have a CCSC Membership
2. Checks for Camp payable to CCYSA
  - a. \$300 with Volunteer support
  - b. \$500 without support
3. Camp Rules form - Completed and Signed
4. Medical release form - Completed and Signed

## **Check List Recommended Gear**

1. Tent
2. Sleeping Bag
3. Cot Optional
4. Bike
5. Sun Screen
6. Sun Glasses
7. Swim suit / Water shoes, for canoe trip
8. Towel
9. Flashlight
10. Toiletries
11. Change of clothes, Multiple
12. Medication

# 13. Caesar Creek Youth Soaring Association

## CCYSA Camp Rules

I understand that my participation with the CCYSA Camp is a privilege allowed by the CCYSA and CCSC Soaring Club. I agree to follow the rules of CCYSA and CCSC and the Camp Leadership;

Member of Caesar Creek Soaring Club; membership # \_\_\_\_\_

1. I will participate in all scheduled events unless agreed to by Camp leadership.
  - a. I will not leave the CCSC property without the specific permission from Camp leadership.
  - b. I will not leave the flight line operation without the specific permission from Camp leadership.
2. I will respect the property of CCSC and that of others at camp.
3. I will not knowingly harm, damage or ridicule the property of CCSC or that of another.
4. I will pick-up after myself (Club house, showers kitchen, tables...)
5. I will be on time for meetings: morning and evening briefs
6. I will be attentive during meetings and respectful of the speaker.
7. I will assist in field set-up, operation, and food preparation.
8. I will only operate equipment on which I have been trained by authorized CCSC crew chief and specifically allowed to operate.
9. I recognize camp fires are only allowed in the fire pit and less than 3 feet high - No horse play by the fire at any time
10. Photos taken may be used to promote CCYSA/CCSC activities

I realize that failure to follow the rules and/or if I act in a manner that could be unsafe or disrupts others, I may be removed from camp activities and sent home without refund as judged by Camp leadership.

Youth Member: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian or guardian required if under 18)

# Caesar Creek Youth Soaring Association

## Camp Application Contacts:

Rich Carraway  
513-228-0537  
RCarr65869@aol.com

Steve McManus  
513-378-2637  
steve.mcmanus@ge.com

Youth Name: \_\_\_\_\_

Member of Caesar Creek Soaring Club; SSA membership # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email: \_\_\_\_\_

Youth Email: \_\_\_\_\_

Interest in Youth Soaring Camp: (Check all that apply)

- I have experience in flying a simulator and have taken formal instruction in the past
- I have always wanted to learn to fly
- I have some extra time, learning to fly might be fun
- Other: \_\_\_\_\_

Flying Experience: (Check all that apply)

- Describe: \_\_\_\_\_
- Flying Membership:
  - CCSC
  - CAP
  - Other: \_\_\_\_\_

*CCYSA Camp is a not for profit volunteer organization and food and activities (excludes flying) comes from the camp fee charged for attending. As a youth member, the educational value comes from my participation in scheduled events. Flying during camp and at CCSC requires a CCSC Youth membership. Flying cost will be billed by and paid to CCSC*

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

Must be at least 18 years old or Parent or Guardian must sign

## CCYSA Youth Soaring Camp -Schedule of Events

Time\ Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
7:00- 8:00		Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:00 - 9:00		Morning Meeting / Safety and Weather brief				
9:00:-1200		Set-up Operations / Fly	Set-up Operations / Fly	Set-up Operations / Fly	Set-up Operations / Fly	Set-up Operations / Fly
12:00		<b>Lunch</b> /olunteer:				
1:00- 5:00	Sun only 3:00 -5:00 Sign-incamp Fees Team Dinner	Fly	Fly	Canoe trip & Fly	Fly	Fly
6:00		Close field / Brief	Close field / Brief	Close field / Brief	Close field / Brief	Close field Awards
		<b>Other Volunter Support - Write in</b>				
Crew Chief	Sunday Crew	Steve Statkus	Steve Statkus	Steve Statkus	Steve Statkus	Steve Statkus
Dinner Lead Main course	Lead Volunteer: Support: Support: Menu:	Lead Volunteer: Support: Support: Menu:	Lead Volunteer: Support: Support: Menu:	Lead Volunteer: Support: Support: Menu:	<b>Lead Volunteer</b> Support: Support: <b>Menu</b>	Lead Volunteer: Support: Support: Menu:
Tow pilots		1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Instructors		1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Mentors						