

2010
YOUTH HUNTER'S ACADEMY

APPLICATION
REGISTRATION
&
PARENT'S GUIDE

BACKWATER LEGACIES INC.
PO BOX 152
ELLETTSVILLE, IN 47429

PHONE: 812-320-8041

WWW.BACKWATEROUTLAWS.COM/EVENTS

Check-in is on Monday June 14th between 6:00 & 9:00 am
Departure is on Friday June 18th between 6:00 & 7:00 pm

APPLICATION

2009 YOUTH HUNTER'S ACADEMY

Cost of the Academy: \$350

Amount Enclosed \$ _____

Method of Payment:

Visa MasterCard Money Order Check

Name on Card: _____

Card Number: _____

Exp. Date: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Mail Payment and Registration To:

Backwater Legacies INC.
PO Box 152
Ellettsville, IN 47429

Children MUST be 10 to 16 Years Old to Participate

Academy Registration and Permission Form

Child's First Name: _____

Child's Last Name: _____ Age _____

Birth Date: _____ Sex _____ M _____ F

Address: _____

Has the child previously attended the Youth Hunter's Academy? _____ Yes _____ No

Parent or Guardian's Telephone:

Home: _____ Work: _____ Cell: _____

Email: _____

In case of emergency, notify:

Name: _____

Relationship to Child: _____

Phone: _____ Cell Phone: _____

Address (If Different from Above):

Family Physician: _____

Office Phone: _____

Preferred Hospital: _____ Phone: _____

Academy Registration and Permission Form (Cont.)

CONFIDENTIAL INFORMATION

GENERAL PHYSICAL CONDITION - Mention any physical handicaps, sleeping habits, nervous disorders, bed wetting, etc., about which we should know.

SWIMMING - Does your child know how to swim? (Life Jackets are **Required** for all Water Activities)

HABITS - Are there any undesirable habits or behavior problems which you want us to be aware?

SPECIAL INTERESTS OR HOBBIES - Name any special interests of your child.

ACCOMPLISHMENTS - Are there any particular goals that you wish for your child to achieve?

FAMILY - Who will be dropping off and picking up your child?

GUARDIAN - In case of emergency who has permission to pick up your child?

It is my opinion that he/she is physically able to engage in retreat activities, except as follows:

Signature _____ Date _____

Please print name _____

Retreat Registration and Permission Form (Cont.)

MEDICAL

ALLERGIES - If your child has any allergies, please list them.

In the event I cannot be reached in an emergency,
I hereby give permission to the physician selected by the Academy director and or staff
to secure and administer treatment, including hospitalization, for my child registered
and named above.

I also grant permission for the retreat director and or staff to administer the following
over-the-counter medications, if necessary, according to the directions and dosages
listed on the bottle.

Headache - Tylenol
Upset Stomach - Pepto Bismol
Diarrhea - Immodium AD
Menstrual Cramps - Ibuprophen
Poison Ivy - Calamine Lotion or Cortaid
Bee Stings - Benadryl

Signature _____ Date _____

Please print name _____

CONDUCT POLICY

Please review our conduct policy and sign below.

Parents are asked to encourage their children to follow the instructions of directors and retreat staff.

Disruptive behavior such as profanity, verbal abuse, bullying, or any uncooperative behavior is unacceptable. Children will be immediately addressed and asked to correct their behavior. Further problems will involve parent/guardian contact and agreed upon logical consequences with viable alternatives for future misbehavior.

Flagrant and Serious misconduct includes, but is not limited to, vandalism, fighting, theft, possession of weapons, use of tobacco products, aggressive bullying, repetitive disruptive behaviors, or any conduct that may be detrimental to the best interests of the other members of the retreat.

These behaviors will result in immediate dismissal from the Academy. Parents will be responsible for transportation to return the child home.

No refunds will be issued.

Parent or Guardian Signature

Date

FOOD

We provide balanced meals and snacks.

Please do not supply your child with any food, chewing gum or candy.

The food attracts ants, mice, and other critters and causes hard feelings among the other campers, not to mention a nightmare for the Academy directors!

All food will be confiscated by the Academy staff.

Phone Calls

Children are allowed to make phone calls during lunchtime and each evening between 8:00 & 9:00pm.

ALL CELL PHONES WILL BE HELD BY THE ACADEMY DIRECTOR

We ask parents to call the camp only for emergency situations. If your child is homesick, you will be notified.

MEDICATIONS

All medications must be labeled with your child's name, type of medication, strength, dosage and the prescribing doctor on each bottle.

Please provide written administrating directions.

Place medications and instructions in a zip lock bag labeled with your child's name.

CORRESPONDENCE

We strongly encourage you to correspond with your child while he/she is at the Academy. They love to receive mail.

Please send mail no later than Tuesday so they will receive it before they leave.

Please address to:

(Cadets Name)
C/O Youth Hunter's Academy
PO Box
Morgantown, IN 46160

WHAT TO BRING

CLOTHING / BEDDING

- 1 Swim Suit
- 1 Canteen or Personal Water Bottle (Label with Name)
- 2 Pair of Sturdy Pants
- 4 T-Shirts
- 1 Raincoat or Poncho
- 2 Pairs Old Tennis Shoes
- 5 Pairs of Socks
- 1 Long Sleeve Shirt
- 5 Pair of Under Shorts
- 1 Sleeping Bag and pillow

TOLIETRIES

- Toothbrush
- Toothpaste
- Washcloth
- 2 Older Towels
- Soap & Deodorant
- Comb or Brush
- Sunscreen, Bug Repellant Spray, Bug Bite Lotion

MISCELLANEOUS (OPTIONAL)

- Water Shoes
- Sun Glasses
- Hip Boots
- Personal Life Vests
- Camera & Film

PERSONAL ARCHERY AND SHOOTING EQUIPMENT (Optional)

- Bow & Up to 6 Arrows
- .22 Caliber Rifle
- 12 or 20 Gauge Shotgun

NOTE: All Firearms, Bows, and Arrows **MUST** be cleared and checked in at Registration. These will be held by the Academy Director until classes are taught and then will be returned at departure.

WHAT TO LEAVE AT HOME

- Incendiary Devices (Fireworks etc.)
- Ammunition
- Knives
- Computer Games
- Candy or Food

DIRECTIONS TO THE ACADEMY

The Presnell Plantation is located just North of Morgantown, Indiana.

Approaching Morgantown, IN from Indianapolis

- Go South on HWY 37 to Martinsville, IN
- Turn Left (East) on HWY 252 to Morgantown.
- Proceed through first Stop Sign in Morgantown and look for Chevrolet dealership on Left.
- Turn Left at dealership. This is Church St. (North). Proceed until the road comes to a “T”.
- Turn Left at the “T”

The road makes a 90 Degree turn to the right. The entrance to the farm is at the **beginning** of the 90 Degree turn.

Approaching Morgantown, IN from the Southeast (Columbus, IN)

- Go North on Interstate 65 to exit #76B / Edinburgh.
- Head North on HWY 31 from exit.
- Stay North on HWY 31 to State HWY 252.
- Turn Left (West) on HWY 252 to Morgantown.
- Look for Chevrolet dealership on your Right.
- Turn Right at dealership or Church St. (North). Proceed until the road comes to a “T”.
- Turn Left at the “T”

The road makes a 90 Degree turn to the right. The entrance to the farm is at the **beginning** of the 90 Degree turn.

Approaching Morgantown, IN from the South (Nashville, IN)

- Proceed North on HWY 135 to Morgantown.
- Turn Right on Washington St.
- Look for Chevrolet dealership on the left. (Approx. 2 Blocks)
- Turn Left at dealership. This is Church St. (North). Proceed until the road comes to a “T”.
- Turn Left at the “T”

The road makes a 90 Degree turn to the right. The entrance to the farm is at the **beginning** of the 90 Degree turn.

Approaching Morgantown, IN from the South (Bloomington, IN)

- Go North on HWY 37 to Martinsville, IN
- Turn Right (East) on HWY 252 to Morgantown.
- Proceed through first Stop Sign in Morgantown and look for Chevrolet dealership on Left.
- Turn Left at dealership. This is Church St. (North). Proceed until the road comes to a “T”.
- Turn Left at the “T”

The road makes a 90 Degree turn to the right. The entrance to the farm is at the **beginning** of the 90 Degree turn.