

## Clinton, Dubuque, Jackson County Conservation 2023 Youth Backpacking Trip

# Ice Age Trail \* July 11-13

Youth ages 12-17 can apply to attend a 2-night/3-day backpacking trip on the Ice Age Trail in Wisconsin July 11-13. The backpacking trip is sponsored by Clinton, Dubuque & Jackson County Conservation and trip leaders are Naturalists with the three counties. Youth will hike, 10+ miles of the Ice Age trail, carrying gear in a backpack, tent camping along the way, filtering water, cooking over stoves, and immersing themselves in the outdoors. Cost is \$50 (includes meals, transportation, and some gear). Scholarships are available.

We are limited on the number of participants that can attend. Due to growing popularity of our program, we will be implementing an application process. Selection will be based on individuals who express the greatest desire to attend the trip, along with youth we feel will benefit the most from this experience, and a combination of youth from different communities. If you are not selected this year, we encourage you to apply again next year.

### Timeline:

February 15 – March 30	Submit application (including questionnaire and medical form) to: Jackson County Conservation, Attn: Jess Wagner 18670 63 <sup>rd</sup> Street Maquoketa, Iowa or email <a href="mailto:jwagner@jacksoncounty.iowa.gov">jwagner@jacksoncounty.iowa.gov</a>
April 1 – 15	Selection process for participants.
April 15 – 30	Youth are notified; packing list and itineraries are sent to participants.
July 7 from 9:00-Noon	Mandatory meeting for participants, at the Hurstville Interpretive Center.
<b>July 11 – 13</b>	<b>Backpacking Trip!</b>

*Questions? Call Jackson CCB (563) 652-3783, Dubuque CCB (563) 556-6745, or Clinton CCB (563) 847-7202*

## Application Form

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

Grade Completing May 2023: \_\_\_\_\_ Age during trip: \_\_\_\_\_ School District: \_\_\_\_\_

Email(s): \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

Parent/Guardian Names & Phone #s: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

## Questionnaire

Please submit questions and answers on a separate typed sheet.

1. Why do you want to go on this backpacking trip?
2. Of the various challenges that this trip presents, (physical, social-emotional, maturity/responsibility, intellectual) which do you see as most challenging for you? Why?
3. What past camping, backpacking, or outdoor experiences have you had?
4. Backpacking can be a solo adventure; however, as a large group they require teamwork. What do you feel you have to offer your fellow campers? When have you worked in a team situation and been successful?
5. When venturing into backcountry, many luxuries are left behind. What do you think you will miss the most and why?

**Medical History Questionnaire**

*Note: Please check "YES" or "NO" and provide additional details where required. Information will remain confidential.*

1. Are you allergic to any medication (aspirin, penicillin, etc.)? No  Yes  List: \_\_\_\_\_
2. Will you be on any medication during the trip? No  Yes  List with Reason: \_\_\_\_\_
3. Have you ever had a seizure? No  Yes  When: \_\_\_\_\_
4. Have you ever been told by a doctor that you have epilepsy? No  Yes  When: \_\_\_\_\_
5. Have you ever been treated for diabetes? No  Yes
6. Have you ever been told by a doctor that you were anemic? No  Yes  When: \_\_\_\_\_
7. Do you have, or have you ever had high blood pressure? No  Yes  Are you on medication? \_\_\_\_\_
8. Do you have, or have you ever had the following diseases?
 

Hay fever	No <input type="checkbox"/> Yes <input type="checkbox"/>	Fainting spells	No <input type="checkbox"/> Yes <input type="checkbox"/>
Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>	Severe stomachaches	No <input type="checkbox"/> Yes <input type="checkbox"/>
Menstrual problems	No <input type="checkbox"/> Yes <input type="checkbox"/>	Earache or ear infection	No <input type="checkbox"/> Yes <input type="checkbox"/>
Heart disease	No <input type="checkbox"/> Yes <input type="checkbox"/>	Lung disease (pneumonia, etc.)	No <input type="checkbox"/> Yes <input type="checkbox"/>
10. Have you been "knocked out" (lost consciousness), had a concussion or head injury? No  Yes  When \_\_\_\_\_
11. Are you currently taking any behavior-modification medication? No  Yes  Last Medication \_\_\_\_\_
12. Do you have any known food/environmental allergies or dietary restrictions? No  Yes  List \_\_\_\_\_
13. Immunizations: Tetanus Toxoid - Date of last inoculation: \_\_\_\_\_
14. Is there anything else you'd like us to know? \_\_\_\_\_

This medical history questionnaire is correct and complete to the best of our knowledge. We, the undersigned, acknowledge that omission of any requested information may result in jeopardizing the health of our child should they require emergency medical treatment. An intentional omission may prohibit our child from participating in the program.

I am/my child can engage in all activities, except as noted by a physician and us. In the event of an emergency, I/we hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required by the emergency.

I/we give consent for the trip leaders to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I/we represent that I am/my child is in good physical condition, and I am/we are not aware of any disease or injury that would be aggravated or result in my/my child being incapacitated or injured during any program.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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

**Travel Authorization---Publicity/Image/Voice Permission---Liability/Medical Release**

My child has permission to travel in a vehicle driven by Clinton, Dubuque & Jackson County Conservation employees.

Photographs or video/audio recordings may be taken of your child during camp activities. Unless you request otherwise, your registration will be considered permission to photograph, film, audio/video tape, record and/or televise the image and/or voice of your child for use in publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to the use of your child's image or voice in the manner, please notify trip leaders, in writing, prior to the event.

If I am/my child is injured or suffer any illness or disease while residing at and participating in this backpacking trip; except as may be caused by the grossly negligent or reckless conduct of the leaders of the program, and their agents, servants, employees, and volunteers, I/we agree to hold Clinton, Jackson, Dubuque County Conservation Board staff harmless of any said injury, illness or disease.

I/we further understand and agree to abide by the general rules of conduct prescribed for the guests of the this backpacking trip, and that violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the program.

I/we have read this release. I/we understand that it affects legal rights and responsibilities, and I/we hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of the Clinton, Dubuque, and Jackson County Conservation Boards.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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