

KENTUCKY QDMA MILITARY YOUTH HUNT APPLICATION INFORMATION/INSTRUCTIONS

Dear Parents:

Please find the below application for the 2017 QDMA Military Youth Hunt to be held October 12 – 15, 2017. If at any time you have any questions please feel free to contact any of our staff listed below.

We are very excited this year as we prepare to host our 7th annual Military Youth Hunt. This year we plan to host 40+ children ages 10-15 several deer camps in some fantastic hunting areas across the state of Kentucky.

Our Military Youth Hunt program is a fun and action packed program run entirely by volunteers who donate their time and talents as a way to say THANK YOU to our military men and women. Without our volunteers, this hunt would not be possible. Additionally, because of our great sponsors the program is FREE!

During the event, your child will learn the skills required to be a safe and ethical deer hunter. They will participate in activities related to whitetail biology, hunter ethics, archery, proper shot placement and most importantly SAFETY. Each child will spend time on the gun range learning gun safety and will have the opportunity to familiarize and fire their hunting rifle (a youth model .243 or shotgun). Throughout the event each child will be supervised one-on-one, by an experienced adult mentor. Hunting will occur Saturday morning and afternoon, and again Sunday morning all on private lands.

Hunters play a vital role in conservation and are pivotal in the management of healthy whitetail deer populations. It is important that you discuss with your child that this is a hunting event and, while not guaranteed, with any luck will culminate in the successful harvest of a whitetail deer. This is an outstanding opportunity for your child to gain a lifelong experience that they will never forget. It's in a fun and relaxing environment surrounded by the comradery of other children of military families and volunteers in Kentucky who truly care about our military and want to give back in some way for the many sacrifices that military families give to this Nation and Commonwealth.

Again, if at any time you have any questions, please feel free to contact our committee members at the numbers listed below.

Sincerely,

Kentucky QDMA Military Youth Hunt Committee

KENTUCKY QDMA MILITARY YOUTH HUNT POINTS OF CONTACT

The following points of contacts are provided. Feel free to contact us anytime if you have any questions or need any details:

Camp Mom: Kelly Hulcee, 502-494-6092, Kelly.Hulcee@AbcoBramer.com

Youth Hunt Coordinators: Joe Shreves, 502-377-5333, joseph.shreves1@gmail.com
Bryan Combs, 502-322-6138, bryan.combs1@gmail.com

President Derby City QDMA: Steve Daniels, 502-548-8517, steve@tcky.biz

**KENTUCKY QDMA MILITARY YOUTH HUNT
HUNTER APPLICATION FORM**

PLEASE RETURN NLT SEP 15th TO:

**Scan and email to kelly.hulcee@abcobramer.com and joseph.shreves1@gmail.com or
mail copies of all forms to:**

Kelly Hulcee, 5607 Axbridge RD, Louisville, KY 40216

Youth Hunter

Last Name _____ First name _____ MI _____

(SSN is required for us to purchase hunt license – we will call for this information)

Birth date _____ Age _____ (Child cannot be older than age 15 as of Oct 08, 2016)

Gender: Male Female

Home address _____ City _____

State _____ Zip _____

Note- Full home address required for purchase of hunting license/permits

Parent's Email address _____

****EMAIL WILL BE OUR PRIMARY METHOD OF COMMUNICATION****

Please identify your child in any of the following categories:

- | | |
|---|---|
| <input type="checkbox"/> Survivor | <input type="checkbox"/> KYANG |
| <input type="checkbox"/> Wounded Warrior/Service Disabled | <input type="checkbox"/> ARMY |
| <input type="checkbox"/> Deployed | <input type="checkbox"/> NAVY/MARINE CORP |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Other _____ |

Parent/guardian

Name _____

Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell phone _____ Work Phone _____

If not available in an emergency, notify

Name _____ Relationship _____

Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell phone _____ Work Phone _____

Additional info:

Has your child ever handled firearms or been hunting? Yes No

Does your child already possess a valid KY hunting license? Yes No

Does your child have a valid Kentucky hunter safety certificate? Yes No

Has your child ever utilized the one-time KY hunter education exemption?

Yes No

A large part of the youth hunt experience is to give back to others and pass it on. With this in mind, please advise if you would like your child to donate their harvest to the **Hunter's for the Hungry** program. Please be advised that if your child would like to keep their harvest, the whole deer will be given to the parent to take to a processor of their choice and must be taken when the child is picked up on Sunday.

DONATE HARVEST

Yes No

HEALTH HISTORY: Please check and attach a separate statement regarding potential problem areas:

- Recurring Strep Throat Bed Wetting Tuberculosis Asthma
- Heart Disorder Hepatitis Chronic Constipation Sleep Walking
- Serious Injuries Chronic Cough Fainting Chicken Pox
- Frequent Ear Infections Seizures Infectious Mononucleosis Other
- Severe Headaches/Migraines ADD/ADHD Learning Disabilities Kidney Problem/Urinary Tract Infection

Allergic Reactions: (Please give details)

Insect stings _____ Poison Ivy/oak _____
 Medications _____ Other _____

Restrictions:

The following dietary restrictions apply:

- Does not eat eggs Does not eat poultry Does not eat seafood Does not eat red meat
- Does not eat pork Does not eat dairy products Other (Describe)

Are there other special concerns regarding your child's health or medical history? (attach separate statement, if necessary)

NOTE:

- Please write or call if your child is exposed to or has contracted any potentially serious communicable disease (such as chicken pox, hepatitis, meningitis, etc.) during the three weeks prior to the youth hunt attendance.

- In the event of unforeseen circumstances, it is essential that the parent or guardian sign the following statement.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The youth hunter herein described has permission to engage in all youth hunt activities except as noted.

I hereby give permission to the staff of the Kentucky QDMA Military Youth Hunt Program to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests if necessary. I agree to the release of any records necessary for insurance purposes. I will also provide a copy of my child's health insurance card with this application.

I grant permission to the staff of the Kentucky QDMA Military Youth Hunt Program the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings involving my child for use in materials that QDMA may compile and distribute.

I grant permission to the staff of the Kentucky QDMA Military Youth Hunt Program to arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff of the QDMA Military Youth Hunt Program to secure and administer treatment, including hospitalization, for the person names above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian

Printed name

Date _____

Parent notes:

**Kentucky QDMA Military Youth Hunt Program
WAIVER, RELEASE OF LIABILITY AND AGREEMENT TO
INDEMNIFY AND HOLD HARMLESS**

I _____, the parent(s) or legal guardian(s) of the youth hunter, whose address is _____, in consideration for the youth hunter's participation in the Kentucky QDMA Military Youth hunt Program , do hereby state and agree:

1. We acknowledge that the youth hunter's participation in the Kentucky QDMA Military Youth hunt Program involves certain dangers, including, but not necessarily limited to, those associated with the discharge of firearms and other hunting activities, the risks of which we assume, and which include, but are not necessarily limited to, injury or death.

2. We do hereby, RELEASE the Kentucky QDMA Military Youth hunt Program, QDMA, the YMCA, participating sponsors, landowners and volunteers, from any and all liability for any and all causes of action which I may hereafter have on account of any and all injuries to my/the youth hunter's person or our property, including death, arising out of or related in any way to the youth hunter's participation in the Kentucky QDMA Military Youth hunt Program, whether such injury results from the negligence of the Kentucky QDMA Military Youth hunt Program, QDMA, the YMCA, participating sponsors, landowners and volunteers, or from any other cause.

3. We do hereby COVENANT NOT TO SUE the Kentucky QDMA Military Youth hunt Program, QDMA, the YMCA, participating sponsors, landowners and volunteers, and agree to INDEMNIFY, SAVE AND FOREVER HOLD THEM AND EACH OF THEM HARMLESS from any liability, and do hereby WAIVE any and all claims, demands, actions or causes of actions against them or each of them arising out of or related in any way to my/the youth hunter's participation in the Kentucky QDMA Military Youth hunt Program, whether said claim, demand, or cause of action arises from the negligence of the Kentucky QDMA Military Youth hunt Program, QDMA, the YMCA, participating sponsors, landowners and volunteers, or from any other cause.

4. We do hereby ASSUME ALL RISK of loss, damage or injury to my person/the person of the youth hunter or our property, including death, arising out of or related in any way to the youth hunter's participation in the Kentucky QDMA Military Youth hunt Program.

5. This RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS shall be binding upon us and our heirs, executors, administrators, personal representatives, successors and assigns, and shall inure to the benefit of the Kentucky QDMA Military Youth hunt Program, QDMA, the YMCA, participating sponsors, landowners and volunteers, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

6. If necessary I give permission to have emergency first-aid administered at the sole discretion of the Staff of the Kentucky QDMA Military Youth Hunt Program and to be transported by the most expedient means of conveyance to the nearest physician, hospital or clinic.

7. I authorize the Staff of the Kentucky QDMA Military Youth Hunt Program to serve as my child's guardian during the Kentucky QDMA Military Youth hunt Program. As used in this release, the terms I, my person and we applies regardless of the nature of my involvement with the activity and whether or not I personally attend the activity or appoint a guardian to act in my behalf.

DATE: _____ SIGNATURE: _____
(Parent/Legal Guardian)