



Outdoor Adventures

Youth must:

- be between the ages of 11 – 16 to apply. Youth age out of the program upon turning 18
- learn safe handling of firearms in the home as in the field
- develop safe, responsible and knowledgeable hunting habits, become aware of our hunting heritage, and understand the hunter's role and relationship with wildlife and the land
- become certified by completing the South Dakota Hunter Safety Education course making him/her eligible to apply for a hunting license
- attend ALL hunter safety seminars and gun range sessions

The enrollment process consists of:

- completion of the Outdoor Adventures Youth Registration & Permission

Outdoor Adventures Youth Registration and Parent Permission Form

Parent/Guardian _____ Relationship to child _____

Do you have legal custody of the child? Yes No
 Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the Outdoor Adventures program? Yes No

Name _____ Phone Number _____

Child's First Name:		Middle Name:		Last Name:	
Preferred Name/Nickname :		Child's Gender:		Child Date of Birth:	
Home Address:		City:		County:	State: Zip:
Parent/Guardian E-mail:			Child E-mail:		
Child's School:		Grade:		Teacher:	
Person to contact if parent cannot be reached: Name: Phone Number:		Child Shirt Size:		Child Shoe Size:	

Does your child have any medical conditions or allergies that might affect him or her participating in SDYHA activities with a mentor?

Yes No If yes, please explain:

CONSENT / UNDERSTANDING

By signing below, I give permission:

- 1) For my child to participate in the Big Friend Little Friend **Outdoor Adventures (SDYHA)** Program
- 2) For the volunteer matched with my child, who has been screened and approved by Big Friend Little Friend, to transport my child to events and match activities
- 3) To have my child complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests
- 4) For BFLF staff to provide contact information for me and my child to the volunteer

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

Please read the following carefully before signing this application:

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a mentor, I agree to support my child's match by reviewing the program and safety information given to me by Big Friend Little Friend, communicating with Big Friend Little Friend staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Friend Little Friend staff.

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

TALENT / MEDIA RELEASE

I hereby consent to the use, sale, reproduction, transfer, or conveyance, of any and all photographs, images, likenesses, and voice recording of me in all forms (with or without the use of my name) by Big Friend Little Friend of the Mitchell Area/South Dakota Youth Hunting Adventures (SDYHA), or by any designee of the Agency.

I hereby consent to the use of all forms of media including advertising, trade, display, editorial, art, exhibition, and Agency newsletters (with or without my photograph and / or my name). I hereby give this consent and release to Big Friend Little Friend of the Mitchell Area/SDYHA, their nominees and designees from liability for any violation of any personal or proprietary right and agree to hold Big Friend Little Friend of the Mitchell Area/SDYHA harmless from all liability from the use, sale, reproduction, transfer or conveyance of the aforementioned items.

Please check one:

_____ I have read this document, understand it is a release of all claims, and **consent** to the above.

_____ I **do not consent** to the above.

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian Full Name _____

Print Child's Full Name _____