

TCSC Get in the Outdoors - Youth Application

1. Personal information: (please print)

Name _____ Phone _____

Date of Birth _____ Age _____ Gender: M ☐ F ☐

Address _____

2. In what activities are you interested in participating with a mentor? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> turkey hunting | <input type="checkbox"/> game calling |
| <input type="checkbox"/> shooting sports (range, maintenance, etc.) | <input type="checkbox"/> fishing (type _____) |
| <input type="checkbox"/> archery (recurve, compound, fletching) | <input type="checkbox"/> trapping |
| <input type="checkbox"/> black powder | <input type="checkbox"/> dog training (bear, bobcat, etc.) |
| <input type="checkbox"/> deer hunting (rifle) | <input type="checkbox"/> dog training (game birds) |
| <input type="checkbox"/> deer hunting (archery) | <input type="checkbox"/> waterfowl hunting |
| <input type="checkbox"/> bear hunting | <input type="checkbox"/> grouse/woodcock hunting |
| <input type="checkbox"/> canoeing/kayaking | <input type="checkbox"/> snowshoeing |
| <input type="checkbox"/> ATV riding | <input type="checkbox"/> cross country skiing |
| <input type="checkbox"/> snowmobiling | <input type="checkbox"/> hiking |
| <input type="checkbox"/> chainsaw safety/skills | <input type="checkbox"/> mountain biking |
| <input type="checkbox"/> wildlife/bird watching | <input type="checkbox"/> fly tying |
| <input type="checkbox"/> wilderness survival | <input type="checkbox"/> orienteering/map reading |
| <input type="checkbox"/> nature photography | <input type="checkbox"/> taxidermy |

3. If you could only participate in one of the above activities, which would it be?

4. Please list other activities that you would be interested in participating in with an adult mentor.

5. Parental Consent (required)

I, the undersigned, being the parent or legal guardian of the above named child, a minor, hereby consent to said minor's participation in the Youth Mentor Program administered by the Taylor County Sportsman's Club. TCSC reserves the right to screen all participants to ensure the quality and integrity of the program.

Signature of Parent _____ Date _____

Name of Parents (printed) _____

Please mail this form to:

[Mentor Coordinator](#)

P.O. Box 401

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