

TCSC Learn To Hunt - Youth Application

1. Personal information: (please print)

Mandatory Hunter Id # _____ Note: Youth can NOT participate without this #.

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

4. 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) _____

Email of Parent _____

Learn to Hunt Turkey Information:

1. Has your child ever turkey hunted before?
2. Does your child have a turkey permit for the spring?
3. Are there any family members/friends who would be willing to take him/her turkey hunting this spring if he/she does not get a tag through our program? **Yes No**
4. Does (youth) have any disabilities or health conditions of which I should be aware?
5. Does the youth have a mentor for the TCSC LTH Yes___ No ___
if yes, name(s) _____
Phone number of Mentor(s) _____

Please mail this form to:
Mentor Coordinator
P.O. Box 401
Medford, WI 54451
tcscmedfordwi@gmail.com

Office Use Only:

Name of Parent/Guardian:

1. Still Interested in Hunt?
2. Ride to Pre-Hunt Meeting at Northwood's Archers Clubhouse?
Date: _____ Time: _____
3. Call for DNR Reference Number: 888-936-7463 Need Social Security Number.