



Join the Ohio Young Birders Club!

Young people ages 12-18 should join the OYBC to...

Ohio Young Birders Club

BLACK SWAMP BIRD OBSERVATORY

- Meet other young birders from across the state of Ohio
- Go on really cool field trips to interesting destinations all over Ohio
- Take part in important community service projects that support habitat restoration
- Learn ways to turn your interest in birds and other wildlife into a career
- Receive the OYBC newsletter, GOLDEN-WINGS, with student written articles, field trip reports, artwork, photography and much more!

Adults should support the OYBC to help...

- Encourage, Educate, and Empower our youth conservation leaders
- For just \$20 per year, you can help us provide meaningful, educational, and FUN field experiences for Ohio Young Birders, and help build a promising future for birds, birders, and bird conservation!



OHIO YOUNG BIRDERS CLUB MEMBERSHIP/RENEWAL

___ STUDENT - \$10 ___ SUPPORTING ADULT - \$20 _____ DONATION

I live closest to the:

- Northwest Chapter Southwest Chapter Central Chapter
 Northeast Chapter Southeast Chapter Northwest Ohio Tri-State Chapter
 Mosquito Creek Chapter I live in a part of the state with no local chapter

(Please list additional names on back)

NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

DO YOU PREFER: ELECTRONIC NEWSLETTER: _____

OR HARD COPY NEWSLETTER: _____

EMAIL: _____

STUDENT BIRTHDAY: _____

FAVORITE BIRD: _____

****Please make check payable to
Black Swamp Bird Observatory**

Mail to:

Black Swamp Bird Observatory, 13551 W. State Route 2, Oak Harbor, Ohio 43449



OHIO YOUNG BIRDERS CLUB

www.ohioyoungbirders.org

Founded in 2006 by Black Swamp Bird Observatory

Encouraging, Educating, and Empowering Our Youth Conservation Leaders



EMERGENCY MEDICAL AUTHORIZATION FORM

O.R.C. 3313.712

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who will become ill or injured while under authority of Black Swamp Bird Observatory and all chapter partners when parents or guardians cannot be reached.

Child's Full Name (please print): _____

Address _____

Home Phone: _____ Cell Phone: _____ Grade _____

Birth Date: (mm/dd/yy) _____

Mother's Full Name: _____ Phone _____ - _____ - _____

Father's Full Name: _____ Phone _____ - _____ - _____

Guardian's Full Name: _____ Phone _____ - _____ - _____

Part I - To Grant Consent:

I hereby give consent for the following medical care providers and local hospital to be contacted:

Name of Physician: _____ Phone _____ - _____ - _____

Name of Dentist: _____ Phone _____ - _____ - _____

Name of Preferred Hospital: _____ Phone _____ - _____ - _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give Black Swamp Bird Observatory and all partnering chapter organizations' representatives my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Part II - Refusal to Consent

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish Black Swamp Bird Observatory authorities to take the following action:

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Please complete and return form to:

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BLACK SWAMP BIRD OBSERVATORY

Health History and Examination Form: For Youth Attending Field Trips

Child's Name: _____

Birth Date: (mm/dd/yy) _____ Phone: _____ - _____ - _____

Home Address: _____

Custodial Parent/Guardian: _____

Address: _____ Phone: _____ - _____ - _____

Second Emergency Contact: _____

Address: _____ Phone: _____ - _____ - _____

Relationship to Participant: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____

Name of Insured: _____ Relationship to participant: _____

Social Security number of policy holder or insurance ID number: _____

Participant's Medical Information:

Please list all known allergies, describe reaction and management of reaction

List Any and all medication(s) being taken, or indicate

This person currently takes no medication on a regular basis

Use this space to provide any additional information about the participant's health about which we should be aware.

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FIELD TRIP PERMISSION FORM

Child's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

For and in consideration of the participation of the above-named child in the Ohio Young Birders Club (OYBC), a program of the Black Swamp Bird Observatory (BSBO), I/we, the parents of the above-named child hereby give permission for the participation of said child in any and all activities of the OYBC, which may include but are not limited to; hiking in tall grass (and possible poison ivy areas), along rocky trails or near water; being outdoors during all types of weather, using equipment such as binoculars and spotting scopes and catching live animals (bird banding).

Furthermore, we release, discharge and forever hold harmless OYBC, BSBO, and all chapter partners and their employees, officers, directors, trustees, volunteers and agents, including any person transporting said child to and from OYBC activities, and the organizers and sponsors of said activities, from and against any and all claims, damages, obligations, liabilities, loss, costs and/or expenses, arising out of any aspect of said child's participation in OYBC and/or BSBO activities.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address (if different from above): _____

Phone (if different from above): _____ Email: _____

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PHOTOGRAPH USE CONSENT FORM

Dear Parents,

From time to time throughout the year, an occasion may arise where we would like to publish a photo of your child, and your child's name in print and/or in online publications of Black Swamp Bird Observatory, Ohio Young Birders Club, and/or all chapter partners. By signing this form you are giving us permission/denying us permission to publish your child's photograph and name.

Yes, you have my permission to publish my child's photograph and name.

No, you do not have my permission to publish my child's photograph and name.

Child's Name: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: (mm/dd/yy) _____

Please complete and return form to:

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