

Lime Hollow Center for Environment & Culture
338 McLean Road, Cortland, NY 13045
T/F: 607.662.4632
www.limehollow.org

Please Circle Dates Chosen:

Days: Oct. 6, Oct. 9, Oct. 27 Nov. 10 Nov. 17,
Jan. 15, Jan. 26, Jan. 29, Feb. 16, Feb. 19, Feb.
20, March 29, March 30, April 2
Week(s): Feb. 19-23, March 26-30, April 23-27

Parents: Please complete, sign and return application with a **deposit of 50% of cost of camp.**

Camper's Name: _____ **M** **F** (circle one)
Camper's Age: _____ **Birth date:** _____ **Current Grade** _____ **Member: Y or N** (circle one)
Parent/Guardian: _____ **Phone(h)** _____ **Cell** _____
Parent/Guardian: _____ **Phone(w)** _____ **Cell** _____
Address: _____ *
Email: _____

*Lime Hollow respects your privacy. All information we obtain is kept confidential.

EMERGENCY CONTACT, in the event the parent/guardian cannot be reached:

Name: _____ **Phone:** _____ **Cell** _____
Address: _____ **Relationship:** _____

HEALTH HISTORY, please check giving approximate dates or current status:

Hay Fever _____	Hepatitis _____	Heart Murmur _____
Poison Ivy _____	Measles _____	Chronic / Recurring Illness _____
Insect Stings _____	Rheumatic Fever _____	Drug Allergy _____
German Measles _____	Influenza Type B _____	Fainting _____
Mumps _____	Diphtheria _____	Food Allergies _____
Diabetes _____	Seizures _____	Operations/Serious Injuries _____
Chicken Pox _____	Asthma _____	Permission to Apply Sunscreen _____

Please list details of above and any physical condition or activity restrictions that should be known to staff: _____

Is this camper under medical care for any reason? () Yes () No

If 'Yes' please specify: _____

Does camper regularly take any medication? Please specify: _____

Medication (including non-prescription) must be given to Camp Director by parent/guardian on the first day of the session.

IMMUNIZATION HISTORY, in order for campers to attend camp, the parent/guardian must list specific dates for each of the following immunizations. Failure to document these dates are grounds for non-acceptance of camper registration.

DPT _____	Booster _____	Polio (IPV or OPV) (Sabin) _____	Booster _____
Varicella (Chickenpox) _____		Haemophilus influenza type b (Hib) _____	
Measles, Mumps and Rubella (MMR) _____		Hepatitis B _____	
Other _____			

Child's physician _____ **Phone** _____

Address _____

TO BE COMPLETED BY PHYSICIAN: Optional, unless your child has a serious illness or has had surgery within the last year. In this case, he/she must have this signed permission to attend camp. *I consider this child to be in good health at this time, and believe he/she is physically able to participate in day camp activities.*

Signature of Licensed Physician _____ **Date** _____

PARENT/GUARDIAN AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to participate in Lime Hollow's Adventure Day Camp. I also allow the following.

* I give permission for Lime Hollow staff to transport my child if need be.

* I give permission for my child's photo to be used in promotional/educational/social media.

* I realize that my child may be getting wet, muddy, smelly, and bug-bitten.

* I give permission for Lime Hollow Staff to reapply sunscreen/bug spray on my child if need be: Comments: _____

* In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize the Camp Director to take any action deemed necessary for the best interest of my child.

Signature of parent/guardian _____ **Date** _____