

Lime Hollow Nature Center
338 McLean Road, Cortland, NY 13045
Tel. / Fax 607.662.4632
www.limehollow.org / E:info@limehollow.org

Please Circle Week(s)

Voyager: Upstream/Traverse

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: _____

Please circle your confirmation letter preference: E-Mail or Snail Mail

*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 _____ Penicillin Allergy _____
German Measles _____ Influenza Type B _____ Fainting _____
Mumps _____ Diphtheria _____ Food Allergies _____ Dietary Issues _____
Diabetes _____ Seizures _____ Operations/Serious Injuries _____
Chicken Pox _____ Asthma _____ Other drug allergies _____

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 _____

TO BE COMPLETED BY PHYSICIAN: Only if 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.

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 Summer Adventure Day Camp. I also authorize the following:

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

* 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.

* The Camp attempts at all times to run programs that are educational, enjoyable and safe and further the charitable objectives of the Camp. Nonetheless, participants must understand that some of the activities of the Camp may involve inherent risks and hazards for which the Camp cannot be held responsible. Because of the nature of camp activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the Camp cannot be held responsible in the event that injury occurs. The undersigned represents that it knows of no legal, physical or health reason why the participating child cannot fully participate in the registered program. It is also the parent's responsibility to update Lime Hollow with any changes prior to the start of camp.

Signature of parent/guardian _____ Date _____