

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):

Wanderers: Living on the Edge Lime Hollow's District 13  
Apache Scout The Great Pathfinder Fair-Well

**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**

**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 or Restrictions \_\_\_\_\_  
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** \_\_\_\_\_