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. 7, Oct. 10, Oct. 21, Nov. 11 Nov. 14, Jan. 16, Jan. 30, March 17

***Week(s)*:Feb. 20-24, April 17-21**

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 Summer 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**_____