

Application for Live & Learn Girls Day Camp at Lylewood Inn 2017

Mail to: Live & Learn Girls Camp at Lylewood Inn, 110 Camp Lylewood Road, Indian Mound, TN 37079

Contact information: Mandy Williams, 931-232-4203, mandy_lylewood@yahoo.com, www.lylewoodinn.com

CAMPER INFORMATION:

First name: _____ Last name: _____ MI: _____

Male ___ Female ___ Name used: _____ Birthday ___/___/___ Age at camp time _____

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

Home phone: (____) _____ - _____. Is this your **first** time to **attend** Live & Learn Camp? Yes ___ No ___

Father or Male Guardian's Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

E-mail: _____

Does camper live with this person? Yes ___ No ___

Day-time phone (____) _____ - _____

Mother or Female Guardian's information

Name: _____

Address: _____

City _____ State _____ Zip _____

Home phone: (____) _____ - _____

Cell phone: (____) _____ - _____

E-mail: _____

Does camper live with this person? Yes ___ No ___

Day-time phone: (____) _____ - _____

Emergency Contact (other than parent):

Name: _____ Relationship to camper: _____ Phone: (____) _____ - _____

Pick-up Authorization/Custody Restrictions

Please list authorized persons to pick up your child, other than parents

Sessions: Please choose camp below. Payment of \$195.00 must be paid in full to reserve a place for your child. An application must be completed for each child applying to attend a camp session.

Live and Learn Life Skills Day Camp Week 1 July 17—July 21 _____

*Tickets for the Friday Night Banquet (July 21) \$15 per person _____

Live and Learn Life Skills Day Camp Week 2 July 24—July 28 _____

*Tickets for the Friday Night Banquet (July 28) \$15 per person _____

*Camper banquet fee is included with camp cost

T-shirt Size Youth Small _____ Med _____ Large _____ X-Large _____ Adult Small _____ Med _____ Large _____ X-Large _____

Waiver: In signing this petition, I hereby give permission for my child to **participate** in all activities of **the** camp program, unless otherwise specified in **writing**. I **certify that** my child is amenable to discipline and is **free** from **habits that** would make him/her an undesirable camper. I understand that I am responsible for all medical expenses. I have read the information and policies about Live & Learn Camp at Lylewood Inn and will follow and support each of **these**. I also give permission for my child's picture to appear in camp information including **the** camp web **site**.

Parent Signature: _____ Date: _____

Camper Name: _____

CAMPER HEALTH HISTORY FORM **Please attach a copy of the camper's insurance card and immunization record**

This form is **to** be completed and signed by the camper's parent or legal guardian. The information we ask you **to** provide is necessary in **the event** your child needs medical **treatment** while camp is in session. If this form is incomplete, parents will be notified and asked to come to camp to complete this information.

Important: The following must be complete for camperto attend any camping session

Parent/Guardian Authorizations: This health history is **correct** and complete to the best of my knowledge. The person herein described has my permission to engage in all camp **activities**. **I hereby** give permission to the camp **to** provide routine health care, administer prescribed medications and seek emergency medical **treatment** including ordering x-rays or routine tests. I give permission to the camp to arrange necessary related transportation for my child. In **the event that I cannot** be reached in an emergency, I hereby give permission to the physician selected by **the** camp to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

Signature of Parent: _____ Date _____

Area hospitals require this form **to** be notarized before any medical **treatment** can be administered in NON-LIFE threatening situations. Without notarization, medical **treatment** will be administered for only life-threatening situations.

Notary: _____ Date of expiration: _____

Liability Release: As my child's **attendance at** Live & Learn Camp at Lylewood Inn is a privilege, I release Live & Learn Camp at Lylewood Inn, including its owner and **staff** from my child's physical injury, including death, or illness while **at camp**. **I will** assume the risk associated therewith, whether known or unknown **to me at this time**. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I understand that participation in Live & Learn Camp at Lylewood Inn activities requires a certain level of physical fitness and ability. By signing below, **I warrant that** my child is physically fit and able to participate in all **the** camp's activities, except for those activities listed as **restricted** in this form. **If** I am under age 18, my **parent** or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my **parent** or guardian as **to** me and my estate, heirs, personal representatives, and signs. My parent or guardian also promises by signing below to defend, indemnify, and hold Live & Learn Camp at Lylewood Inn harmless from any claim asserted by me against Live & Learn Camp at Lylewood Inn including **its** owner and staff, if **I** should **repudiate this release after** obtaining adulthood.

Do not change this text in any way.

This page must be completed for a camper to attend Live & Learn Camp at Lylewood Inn.

Signature of Parent/Guardian: _____ **Date:** _____

Mental and emotional health: Check if applies to this camper.

_____ This camper has seen or is currently seeing a professional to address mental/emotional health concerns. If so, please **state the** management plans being followed: _____.

Camper Name: _____

Important – These boxes must be complete for **attendance**

ALLERGIES List all known. Describe reaction and **treatment** of the reaction.

Medication allergies

Food allergies

Other allergies -include insect stings, hay fever, mold, asthma, etc.

MEDICATIONS BEING TAKEN

This person takes NO medications on a routine basis.

This person takes medications as follows:

PLEASE NOTE: Any medications sent to camp must in the in original RX Bottle with the physician's name and administration instructions on the bottle. Medications must be given to the Camp Nurse for administration.

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time **at camp**.

Med #1 _____ Dosage _____

To be **taken at:** **Breakfast** _____ Lunch _____ As needed _____

Reason for taking _____

Med #2 _____ Dosage _____

To be **taken at:** **Breakfast** _____ Lunch _____ As needed _____

Reason for taking _____

Med #3 _____ Dosage _____

To be **taken at:** **Breakfast** _____ Lunch _____ As needed _____

Reason for taking _____

I hereby authorize the Camp Nurse to administer: initial all that apply (please note that the dosage administered will be **the** same as **the** one specified on the medication)

Tylenol/Acetaminophen Please initial _____

Motrin/Ibuprofen Please initial _____

Benadryl Please initial _____

Pepto Bismal Please initial _____

Camper name: _____

Minimal **first** aid is available by camp **staff**. A general list of the topical treatments used **at the** camp is provided below. Check any which you will allow **to** be used for your child as a **first aid treatment**. (Note, the generic or store brand equivalent may also be used)

_____ Neosporin _____ Rubbing Alcohol _____ Hydrogen Peroxide _____ Calomine lotion
_____ Bactine _____ Aloe Vera

List any **restrictions to activity** or any medical conditions not indicated previously. Use **additional** paper if necessary.

Insurance: A camper must be covered by **health insurance** or must submit an **insurance release/parental agreement** to cover any medical expenses, in order to attend camp. Choose **only one** of the options below **to complete this requirement**.

_____ Camper is covered by medical insurance (please fill out policy information below and **attach a copy of the insurance card**).

Policy Holder _____ Policy Holder Date of Birth _____
Address _____ Relation to camper _____ City, _____
State Zip _____ Occupation _____ Policy _____
Holder's Employer _____ Employer Address _____ Insurance _____
Company _____ Insurance _____
Company Address: _____ Policy _____
Number: _____ Plan # _____
_____ Camper is not covered by medical insurance.

Camper name: _____

I/We, _____, am the legal parent(s) or guardian(s) of **the** above named camper.

I/We agree and hereby give my/our permission for the minor child to receive medical treatment at such times and by such medical professionals and/or health care facilities, as Live & Learn Camp Staff shall deem appropriate. I/We hereby agree to be financially responsible for any and all treatments secured for the benefit of the minor child. Further, I/we understand that no insurance information has been forwarded concerning the above camper and that all invoices that result from medical treatment, of any type or kind, will be my/our personal responsibility. I/we agree that the type and level of medical treatments shall be in the sole discretion of Live & Learn Camp Staff and I/we hereby agree that such treatment is reasonable and in the best interest of the child, and agree to the payment of such treatment.

I/We agree that in the event I/we fail to pay said invoices, I/we will pay all court costs and plaintiff's attorney fees that arise as a result of the collection of that cause.

IN WITNESS WHEREOF I have **hereunto set** my hand on the date written below.

Parent: _____
Parent: _____
Date: _____

Parent Information – Please read and retain for your records

WHAT TO BRING TO CAMP

Please do not purchase new clothing for camp. Campers should wear outdoor clothing and durable, comfortable shoes. Campers sometimes misplace their belongings, therefore please mark all personal items sent with your child.

*Bible	*Notebook	*Pen
*Soap	*Bug spray/sunscreen	
*Bathing suit	*Tennis shoes	*Socks

**Please be sure all clothing is modest and appropriate. Shorts are acceptable but should be of modest length (mid-thigh). Shirts should not show the mid-drift and should have straps at least 2 inches wide.

NO EXTRA MONEY WILL BE NEEDED FOR THE CAMP SESSION - However the Gift Shop will be open while parents are present.

Please do not send food or snacks unless willing to share with all 12 girls.

DO NOT BRING: jewelry, Money, electronics, cell phones

We ask that parents include a recent full body photo of your daughter and dress measurements. Civil War dresses will be made for each girl that is custom fit. These dresses can be purchased on Friday at the banquet for \$95.00. There is no requirement for you to purchase. We will keep the dressed for other uses if no purchase is made.

Chest (inches): _____ Shoulder to floor (inches): _____

Waist (inches): _____

TRANSPORTATION/ARRIVAL AND DEPARTURE TIMES

Parents are responsible for arranging their child's transportation to and from camp.

MEDICATIONS

If your camper is taking medications during **the** day, please deliver it to the check-in table. Send the medication labeled with camper name, medication name, and dosage required. Inhalers and epi-pens may be kept in camper's possession if permitted by parents, and **the** camp **staff** is notified.

CONTACT INFORMATION

We encourage parents to allow their children to experience the full **effect** of sleep-away camp by not visiting during the camping session. In **the past, it** has been shown **that** when parents come **to** visit, children are much more likely to want to go home early. If your child is homesick, **the staff** will counsel with them and allow them to call home if **they feel** the child is not happy. If you do come **to** visit your child, please be aware that meals and canteen items are purchased for campers and **staff**. You may join us if food is available but please be considerate of the extra cost involved.

If you need to contact your child by phone, please call Mandy at: 931-232-4203

DIRECTIONS

From Clarksville: Take HWY 79N toward Dover. Turn left onto Lylewood Road (Hwy 233) Go approximately 7 miles. At the stop sign, turn left. Go approximately 4 miles. Turn right onto Cemetery Road. The camp is on the left at the top of the Hill. Park in front on the road.

From Cumberland City: Take the ferry across the river. Turn right onto Wildcat Creek Road. Turn left onto Cemetery Road. Continue to the top of the hill and the camp will be on the right side. Park in front on the road.