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

Please Circle **Dates Chosen:**
Days: Oct. 12, Oct. 13, Nov. 11, Nov. 20, Jan. 18, Feb. 1, Feb. 15, 16, 17, March 19
***Week(s)*: April 19 – 23**

Parents: Please complete, sign and return application with a **deposit of 50% of cost of camp**. **Refund Policy**: **Refunds will be given until one week prior to session. There will be a $25 administration fee for all cancellations**.

Camper's Name:______________________________ **M F** (circle one)

Camper's Age:__________ **Birth date:**______________ **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___________ Penicillin Allergy_________________________
German Measles__________ Influenza Type B___________ Fainting___________________________________
Mumps_________________ Diphtheria________________ Food Allergies_____________________________
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-perscription) 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)____________ Hepatitus 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 all day camp activities, except as noted by me or examining physician. 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**____________________

So that we may better serve you, please tell us how you obtained this form.______________________________