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

Please Circle Week(s)
1 2 3 4 5 6 7 8 9 10

Camp Gracie Full Day ONLY (ages 6-8)

**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-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)___________ 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**_________________

I hereby grant Lime Hollow permission to use photographs taken over Summer Camp 2012 in any and all publications.
Signature_________________________________________ Date______________________