

For Office Use:

# Gwynn Valley Camp

Please Attach Current Photo

Date: \_\_\_\_\_

1080 Island Ford Road  
BREVARD, NORTH CAROLINA 28712  
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## 2008 MOUNTAINSIDE APPLICATION

Gwynn Valley's Mountainside Program, for those completing grades 5 & 6 and younger 7th graders, is designed to provide a camping experience through personal challenge and the assumption of responsibility, using a community and adventure-based format. It is not appropriate for all children's developmental levels. Please read carefully and discuss with your child the program and philosophy for Mountainside prior to applying. If you would like further clarification of the program, please call.

(If combined gross income is below \$65,000 you may request a discount if needed. A monthly-payment plan is also available.)

|  |                                     |             |        |
|--|-------------------------------------|-------------|--------|
| <input type="checkbox"/> Session MS1-A | Friday, June 6 - Monday, June 16    | (1 ½ weeks) | \$1625 |
| <input type="checkbox"/> Session MS1-B | Wednesday, June 18- Friday, June 27 | (1 ½ weeks) | \$1625 |
| <input type="checkbox"/> Session MS2   | Sunday, June 29 - Friday, July 18   | (3 weeks)   | \$2800 |
| <input type="checkbox"/> Session MS3   | Sunday, July 20 - Sunday, August 10 | (3 weeks)   | \$2800 |

A deposit of \$450 per child per session is due with the application. The deposit is refundable until March 1<sup>st</sup> less a \$100 processing fee. One half the tuition is due by March 1<sup>st</sup>; the remaining tuition is due by May 1<sup>st</sup>. Fees are all inclusive for camp program areas.

Name \_\_\_\_\_ Sex \_\_\_\_\_

(Last) (First) (Preferred if different)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_ Current Grade \_\_\_\_\_ How did you hear about Gwynn Valley? \_\_\_\_\_

Father's Name \_\_\_\_\_ Work No. ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work No. ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Cell Phone's M \_\_\_\_\_ F \_\_\_\_\_ Parents/Guardians with Legal Custody \_\_\_\_\_

Address/Phone (if different) \_\_\_\_\_ ( ) \_\_\_\_\_

Billing name/address (if different) \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Additional Emergency No. ( ) \_\_\_\_\_ Name/Relationship \_\_\_\_\_

### CAMPER PLEASE COMPLETE THIS SECTION

We want camp to be a positive growing experience for you. In order for that to happen, help us get to know you by answering the following questions. Before signing the statement below, please read the Mountainside Program description and ask any questions you may have.

1. What things do you enjoy doing at home for fun?

2. How would you describe yourself?

3. What responsibilities do you have at home/school?

I have read the description of Mountainside. I understand that I will be asked to take on more responsibility for my own actions, support of my cabin mates and the camp community. I am excited about the challenge of learning about myself, the environment and participating in more advanced program activities. I agree to abide by all camp policies and procedures, and I understand that possession or use of tobacco, alcohol, firearms, or illegal drugs will result in immediate dismissal.

Camper's signature \_\_\_\_\_

**PARENT—PLEASE COMPLETE FOR MOUNTAINSIDE**

Frank, complete answers to the following questions will aid in assuring a happy and meaningful experience for your child. This information will be shared with your child's counselors to assist in adjustment. Indicate any special needs (traumatic changes: new location, school, separations, death in family), or medical conditions of which we need to be aware in preparing for the care of your child.

1. Has your child attended camp before? \_\_\_\_ Gwynn Valley? \_\_\_\_ How many years? \_\_\_\_ Other camp(s) name? \_\_\_\_\_

2. Brothers? \_\_\_\_\_ Ages? \_\_\_\_\_ Sisters? \_\_\_\_\_ Ages? \_\_\_\_\_

3. Does your child know how to ride a bicycle? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School Name: \_\_\_\_\_

Social Maturity: [ ] Average [ ] Mature [ ] Immature Physical Size: [ ] Average [ ] Tall [ ] Small

Personality Traits: (such as shy, outgoing, aggressive, timid, etc.): \_\_\_\_\_

Friend with whom to place: \_\_\_\_\_ Friend with whom not to place: \_\_\_\_\_  
(Only one please / Both families must notify camp of the request)

**Insight to assist your child's cabin counselors:**

What advice do you have in dealing with circumstances you have found particularly difficult at home?

How does your child interact with other children individually and in groups?

What do you particularly wish your child to gain from the Mountainside program?

Please explain any counseling or psychiatric care administered. If none, indicate so.

Does your child take medication on a daily basis? If so, please list current medications.

**RELEASE/CONSENT/PERMISSION STATEMENT**

We, the undersigned parents (or guardians) of the camper named on application (hereinafter referred to as "the child"), acknowledge that we are aware of the types of activities in which the child will be participating during his or her attendance at Gwynn Valley Camp during the 2008 season and that we have been given ample opportunity to ask any questions which we may have about the environment in which the child will live and the activities in which he or she will participate during his or her attendance at Gwynn Valley Camp. We are aware of the dangers which are inherent in the operation of any children's camp and in the child's participation in the activities at Gwynn Valley Camp during the 2008 camp season. Specifically, but not by way of limitation, the undersigned consent to the child's participation in all camp activities on or off the premises of said camp including swimming, boating, hiking or backpacking, athletics, use of tools and equipment in manual arts, arts and crafts, work and service projects and other programs, farming, milling, rafting, tubing, creek hiking, biking, outdoor-living-skills, archery, lake canoeing/kayaking, white water canoeing/ kayaking, rock climbing, tree climbing, fishing, horseback riding, trail riding, camping out, and vehicular travel. Situations affecting a camper continuing in the program such as illness, injury, family emergency, or behavior will be evaluated on an individual basis.

We further acknowledge that we have given Gwynn Valley Camp full disclosure of any physical or mental conditions, challenges, or problems which the child has which might limit his or her ability to participate in any camp activities or which might endanger the child, or any other child attending Gwynn Valley Camp, while participating in camp activities. Because of the inherent potential dangers of participating in the activities of any children's camp, we recognize the importance of the child's obeying the instructions of camp employees and abiding by all camp rules and regulations. We have instructed the child to obey said employees and then abide by said rules and regulations, and we do hereby release Gwynn Valley Camp, and its owner, Connestee Cove, Inc., the officers, directors and stockholders of Gwynn Valley and all of the staff, counselors and other employees of Camp or Connestee Cove, Inc., from any liability which they might otherwise incur as a consequence of the failure of the child to obey said employees and abide by said rules and regulations and from any other liability which said camp and the other parties listed above might otherwise incur in incidents involving the child's negligence or contributory negligence. Gwynn Valley wilderness activities occurring in the Nantahala and Pisgah National Forests are authorized by the U. S. Forest Service special permits.

We understand that the Mountainside Program has a larger adventure component than main camp. For example, Mountainsiders participate in backpacking, rock climbing, white water canoeing, mountain biking, as well as team building components including low ropes and initiatives. We are aware and informed of what our child will be doing, and we willingly assume the risks involved. We understand that camper possession or use of tobacco, alcohol, firearms, or illegal drugs will result in immediate dismissal.

The Camp has a resident physician and two nurses. If outside medical services (x-rays, lab tests, etc.) should be needed, we understand that we are financially responsible.

We grant permission to: A. Use photographs and video that include our child for camp promotional purposes; B. Use our name and phone number as a reference for prospective campers; C. Have our child's photograph on Gwynn Valley Camp's Web Page. (Please delete items A, B, or C if not granted.)

The Directors reserve the right to dismiss any camper who violates the camp rules or is judged detrimental to self, other campers, or the general welfare of the camp. No refund will be made in case of dismissal.

Date: \_\_\_\_\_ Signature of both parents/guardians: \_\_\_\_\_  
(If only one signature, consent implied from other parent)