

For Office Use:

Date: _____

H Form: _____

Letter: _____



Gwynn Valley

SUMMER CAMP FOR BOYS AND GIRLS SINCE 1935

301 Gwynn Valley Trail, Brevard, North Carolina 28712

(828) 885-2900 Fax: (828) 885-2413

Email: mail@gwynnvalley.com Website: www.gwynnvalley.com

Please attach a current photo

2010 DAY CAMP APPLICATION

For those completing grades K-4

All sessions run Monday through Friday.

Enrollment for each child is limited to no more than 3 weeks, and no more than 2 sessions may be consecutive.

(1) June 14 - June 18

(3) June 28 - July 2

(5) July 12 - July 16

(2) June 21 - June 25

(4) July 5 - July 9

(6) July 19 - July 23

COST PER SESSION: **1st Child: \$375, 2nd Child: \$350** A non-refundable deposit of \$75/child per session is due with the application. The deposit will be applied to tuition. The remaining tuition is due by **MAY 15th**. Cost includes program, supervision, lunch and snacks.

Camper Information:

Camper's Name Last: _____ First: _____ **Preferred Name:** _____ Sex _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone () _____ Birth date _____ Age at Camp _____ FINISHING Grade _____

Religious Affiliation _____ School Name _____

Parent Information:

Parent 1 Name Last: _____ First: _____ Occupation _____

Cell Phone () _____ Relationship to Camper _____

Home Phone (if different) () _____ Work Phone () _____

Address (if different) _____ City _____ State _____ Zip _____

Parent 2 Name Last: _____ First: _____ Occupation _____

Cell Phone () _____ Relationship to Camper _____

Home Phone (if different) () _____ Work Phone () _____

Address (if different) _____ City _____ State _____ Zip _____

Primary Email: _____ **Secondary Email:** _____

Parental Correspondence should be addressed to (i.e. Dr. and Mrs. Bob Smith): _____

Camper's parents are: Married Separated Divorced Other Mother Deceased Father Deceased

Custodial Parent _____

Billing Name _____ Billing Address (if different) _____

Additional Emergency # () _____ Name _____ Relationship _____

New Campers: How did you learn of Gwynn Valley? _____

OVER PLEASE

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.

Has your child ever attended camp? _____ Gwynn Valley? _____ How many years? _____ Other camp(s) name _____

Brothers? _____ Ages _____ Sisters? _____ Ages _____

What type of play activity does s/he enjoy? _____

Swimming Level: Non-swimmer Beginner Intermediate Advanced

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

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

Friend with whom to place: _____
(Only one please — We do our best to place the two together providing **both families** make the request.)

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

Does s/he make friends easily? _____ If not, what seems to make it difficult?

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.

If someone other than parent/guardian will be picking up your child, please list their name and phone number:

Do you have any friends who might like to receive a Gwynn Valley brochure and DVD? Please list them below.

Family Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Family Name: _____ Address: _____ City: _____ State: _____ Zip: _____

RELEASE/CONSENT/PERMISSION STATEMENT/ ASSUMPTION OF RISK:

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 2010 season and that we have been given ample opportunity to ask any question which we may have about the environment in which the child will be 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 2010 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 projects and other programs, farming, tubing, rafting, creek hiking, biking, archery, lake canoeing/kayaking, fishing, horseback riding, trail riding, rock climbing, tree climbing, milling, outdoor-living skills, 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 owners, Gwynn Valley, LLC, 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.

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 or video that include our child for camp advertising and on Gwynn Valley's web page; B. Use our name and phone number as a reference for prospective campers. (Please delete items A or B if not granted.)

Gwynn Valley reserves the right to dismiss any camper who violates the camp rules or whose conduct is determined by Gwynn Valley to be 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)



DAY CAMP HEALTH HISTORY FORM 2010

This Form must be completed by parent and/or guardian and submitted with the application.

Gwynn Valley

Camper Name _____ Birthdate _____ Sex _____
Last First Middle

Home Address _____ Age at Camp _____ SSN _____

City _____ State _____ Zip _____ Home Phone _____

Father's Name _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Other Emergency Contact _____ Phone _____ Relationship _____

Camper is staying somewhere other than home while attending day camp. Yes No

If Yes, Name: _____ Phone _____ Relationship _____

The camper is undergoing treatment at this time for the following conditions: _____

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: _____

Dietary Restrictions: _____

Name of physician _____ Phone _____

Date of last physical examination _____

Name of dentist/orthodontist _____ Phone _____

CURRENT MEDICATIONS (send with instructions daily)

This person takes medications as follows:

Med #1 _____ Dosage _____ Times taken daily _____ Reason for taking _____

Med #2 _____ Dosage _____ Times taken daily _____ Reason for taking _____

Med #3 _____ Dosage _____ Times taken daily _____ Reason for taking _____

ALLERGIES: Please list what the camper is allergic to and the reaction that has been seen:

Medication allergies _____

Food allergies _____

Other allergies _____

Please attach additional sheet with suggestions on health-related information.

Over Please

To be completed by the parent/guardian

Has/does the participant:	Yes:	No:		Yes:	No:
1. Have diabetes?			10. Wear glasses or contacts?		
2. Have asthma/wheezing/shortness of breath?			11. Recently had an injury, illness, or infectious disease?		
3. Have chronic or recurring illness/condition?			12. Have skin problems (rash, acne...)?		
4. Had frequent headaches or a head injury?			13. Had problems with constipation/diarrhea?		
5. Had surgery or been hospitalized?			14. Had seizures?		
6. Had chest pain during or after exercise?			15. Had back problems or joint problems?		
7. Passed out or become dizzy during exercise?			16. Ever been treated for emotional or behavioral difficulties or an eating disorder?		
8. Had mononucleosis in the past 12 months?			17. During the past 12 months, seen a professional to address mental/emotional health concerns?		
9. Had frequent ear infections?			18. Had a significant life event that continues to affect the camper's life? (Abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)		

Please explain any "yes" answers. _____

Please provide any additional information which will help the medical staff better serve the camper: _____

Vaccine:	All dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTaP / Tdap						
Tetanus:						
Polio:						
MMR:						
Haemophilus influenza B:						
Hepatitis B (completed):						
Hepatitis A						
Varicella (chicken pox):						
Haemophilus influenza type B						
Pneumococcal PCV						
Meningococcal Meningitis (MCV4)						

THIS INFORMATION REQUIRED BY OUR LOCAL HOSPITAL IN THE EVENT OF AN EMERGENCY

Insurance Company _____ Insurance Company Phone number (____) _____

Subscriber _____ Policy Number _____

This health history is complete as far as I know, **(if changes occur in health related conditions, I will contact the camp in writing)**. I have reviewed the program and activities of the camp and the person described herein has permission to engage in all prescribed camp activities except as noted. I understand that information on this form will be shared on a "need to know basis with camp staff. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp to secure and administer treatment, including hospitalization, injection, anesthesia, or surgery for this child as named above.

Signature of parent/guardian: _____ Date: _____

(If only one signature, implied consent from other parent)