

For Office Use:

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

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 MAIN CAMP APPLICATION

<input type="checkbox"/>	Session A	Friday, June 11 - Friday, June 18	(finishing K-5th)	(8 days)	\$1325
<input type="checkbox"/>	Session B	Sunday, June 20 - Friday, July 2	(finishing K-6th)	(13 days)	\$2100
<input type="checkbox"/>	Session C	Sunday, July 4 - Friday, July 23	(finishing K-6th)	(20 days)	\$2775
<input type="checkbox"/>	Session C1	Sunday, July 4 - Tuesday, July 13	(finishing K-5th)	(10 days)	\$1775
<input type="checkbox"/>	Session C2	Wednesday, July 14 - Friday July 23	(finishing K-5th)	(10 days)	\$1775
<input type="checkbox"/>	Session D	Sunday, July 25 - Friday, August 6	(finishing K-6th)	(13 days)	\$2100
<input type="checkbox"/>	Session E	Sunday, August 8 - Sunday, August 15	(finishing K-5th)	(8 days)	\$1325

**Please send this application, along with a photograph and deposit check for \$500 to the address above.**

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.

### 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 to assist with camper adjustment. Indicate any special needs (bed wetting, traumatic changes: i.e. new location, school, separation, death in family), or medical conditions of which we need to be aware in preparing for the care of your child. Feel free to add a separate sheet with your comments.

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? \_\_\_\_\_

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

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

Friend with whom to place: \_\_\_\_\_ Friend with whom **not** 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.

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 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 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, white water canoeing/kayaking, fishing, horseback riding, trail riding, rock climbing, tree climbing, camping out, 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. Gwynn Valley wilderness activities occur in the Nantahala, Pisgah National Forests, and Dupont State Forest. Nantahala and Pisgah Forest activities are authorized by the U. S. Forest Service special permits.

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)

# Gwynn Valley 2010 Parent Information

- Please keep this page for your files -

## SESSION DATES AND FEES FOR 2010

### Main Camp:

Session A	Friday, June 11 – Friday, June 18	(finishing K-5th)	(8 days)	\$1325
Session B	Sunday, June 20 – Friday, July 2	(finishing K-6th)	(13 days)	\$2100
Session C	Sunday, July 4 – Friday, July 23	(finishing K-6th)	(20 days)	\$2775
Session C1	Sunday, July 4 – Tuesday, July 13	(finishing K-5th)	(10 days)	\$1775
Session C2	Wednesday, July 14 - Friday, July 23	(finishing K-5th)	(10 days)	\$1775
Session D	Sunday, July 25 – Friday, August 6	(finishing K-6th)	(13 days)	\$2100
Session E	Sunday, August 8 – Sunday, August 15	(finishing K-5th)	(8 days)	\$1325

### Mountainside:

Session MS1-A	Friday, June 11 – Monday, June 21	(finishing 5-7th)	(1 ½ weeks)	\$1800
Session MS1-B	Wednesday, June 23 - Friday, July 2	(finishing 5-7th)	(1 ½ weeks)	\$1800
Session MS2	Sunday, July 4 – Friday, July 23	(finishing 5-7th)	(3 weeks)	\$3125
Session MS3	Sunday, July 25 - Sunday, August 15	(finishing 5-7th)	(3 weeks)	\$3125

### Riverside:

Session RS1	Friday, June 11 – Friday, July 2	(finishing 7-8th)	(3 weeks)	\$3450
Session RS2	Sunday, July 4 – Friday, July 23	(finishing 7-8th)	(3 weeks)	\$3450
Session RS3	Sunday, July 25 - Sunday, August 15	(finishing 7-8th)	(3 weeks)	\$3450

## REGISTRATION & FEES

**Registration** - \$500 deposit is due      **March 1** - one half of tuition is due      **May 1** - remaining tuition is due  
Your deposit / registration fee is applied to tuition and all but the processing fee (\$100) is refundable any time before **March 1<sup>st</sup>**. No refund or discount will be made for late entrance or early withdrawal, except when caused by serious illness; in this case, the loss will be shared equally by the parent and the camp. The returned check processing fee is \$25. The program is designed for a one session experience; however, some children are accepted for two sessions if seven or older. Activities are planned for those campers staying over from one session to another, the cost of which is \$100/day.

## PARENT/CAMPER INFORMATION

Our Parent Handbook, Packing List, Directions to Camp and Places to Stay can be found on our web site under Applications and Forms. In February we will mail health forms and other information that parents and campers will need to know in preparing for camp. The Health Form is due before May 1<sup>st</sup>. Up-to-date immunization records are part of the Health Form and are required for each camper attending camp.

## PACKAGES

**Anything larger than a letter or greeting card is considered a package and will not be delivered to your camper.** Camp has a **no-package policy**. Children love to receive mail, and having mail each day really helps their morale, but any packages that are sent will be held until closing day and given to a parent. Should you need to send a forgotten item, please **address it to the attention of Anne Bullard**.

## INSURANCE

Campers must be covered under a health insurance policy provided by their family. Medical or dental bills incurred while at camp will be forwarded to the family by the health care provider.

## TRAVEL AND LODGING SUGGESTIONS

If you plan to fly your child to camp, please plan for them to arrive and depart between 10:00am and 2:00pm from the **Asheville Airport (AVL)**. If the flight arrival or departure time is outside of this time frame, please contact our office before booking the flight.

Lodging in and around Brevard is tight during the summer due to the fact that there are many other camps located in the area, plus Brevard is a popular destination in the summer. You will find lodging suggestions on our webpage under Applications and Forms.

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.

**Gwynn Valley Camp 301 Gwynn Valley Trail, Brevard, NC 28712 828-885-2900 Fax: 828-885-2413**

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