

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

2012 MOUNTAINSIDE APPLICATION

Gwynn Valley's Mountainside Program is for 11, 12, and 13 year-olds **completing 5th, 6th or 7th grades**. Our website offers a detailed description of Mountainside under the Programs heading. Please review this information carefully and discuss the program with your child before applying. If you would like further clarification, please call.

<input type="checkbox"/> Session MS1-A	Friday, June 8 – Monday, June 18	(finishing 5-7th)	(1 ½ weeks)	\$1975
<input type="checkbox"/> Session MS1-B	Wednesday, June 20 - Friday, June 29	(finishing 5-7th)	(1 ½ weeks)	\$1975
<input type="checkbox"/> Session MS2	Sunday, July 1 – Friday, July 20	(finishing 5-7th)	(3 weeks)	\$3350
<input type="checkbox"/> Session MS3	Sunday, July 22 - Sunday, August 12	(finishing 5-7th)	(3 weeks)	\$3350

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

Camper Information:

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

CAMPER PLEASE COMPLETE THIS SECTION:

- Name three activities you enjoy at home.
- Choose three words to describe your personality.
- List three responsibilities you have at home.

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 _____

OVER PLEASE

Complete answers to the following questions will aid in assuring a happy and meaningful experience for your child. Information will be shared with your child's counselors. 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 _____

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.)

Does your camper know how to ride a bicycle? _____

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.

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 2012 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 2012 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. Any dispute or complaint I might have against Gwynn Valley Camp, its owners, officers, directors, employees, contractors and volunteers shall be governed by the substantive laws of the State of North Carolina, and any mediation or suit initiated for me and/or on behalf of my minor child named above shall occur or be filed in Transylvania County, North Carolina.

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.

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 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)