

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

## 2012 RIVERSIDE APPLICATION

Please attach a  
current photo

*Riverside applications must be received by **October 1, 2012***

*so that these campers can enter the lottery for the limited amount of spaces in each Riverside session.*

Gwynn Valley's Riverside program is for teens **completing 7th or 8th grade**. Our website offers a detailed description of Riverside 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 RS1	Friday, June 8 – Friday, June 29	(finishing 7-8th)	(3 weeks)	\$3750
<input type="checkbox"/> Session RS2	Sunday, July 1 – Friday, July 20	(finishing 7-8th)	(3 weeks)	\$3750
<input type="checkbox"/> Session RS3	Sunday, July 22 - Sunday, August 12	(finishing 7-8th)	(3 weeks)	\$3750

**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: \_\_\_\_\_

### 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:

1. What things do you enjoy doing at home for fun?
2. Why did you choose the Riverside program?
3. What are your personal goals for the Riverside experience?

I have read the description of Riverside. 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. This 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.): \_\_\_\_\_

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 Riverside 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/ 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 Riverside Program has a larger adventure component than main camp. For example, Riversiders 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)