Lime Hollow Nature Center
338 McLean Road, Cortland, NY 13045
Phone/Fax 607.662.4632
www.limehollow.org /info@limehollow.org

Please Circle Dates Chosen:
Days: Oct. 8, Oct. 19, Oct. 26 Nov. 12, Nov. 13 Nov. 16, Jan. 21, Jan. 28, March 15, March 18, March 22, March 25
Week(s): Feb. 18-22, April 15-19

Please complete, sign and return application with a **50% cost of camp deposit.**

Camper's Name: _____

Circle one: M F

Camper's Age: _____ Birthdate: _____

Current Grade in School: _____

Lime Hollow Member? Circle one: Y N

Parent/Guardian: _____

Phone (H): _____ Phone (C): _____

Phone (W): _____

Parent/Guardian: _____

Phone (H): _____ Phone (C): _____

Phone (W): _____

Address: _____

Email: _____

Confirmation letter preference? Circle one: e-mail or snail mail

Emergency Contact (if parent/guardian cannot be reached):
Name: _____
Phone (H): _____ Phone (C): _____

Address: _____

Relationship to camper: _____

Immunization History: Specific dates for all immunizations must be provided. Failure to document these dates is grounds for non-acceptance of camper registration.

_____ DPT _____ Booster
_____ Polio(IPV or OPV) (Sabin) _____ Booster
_____ Varicella (Chicken Pox)
_____ Measles, Mumps, Rubella (MMR)
_____ Hepatitis B
_____ Haemophilus influenza type b (Hib)
_____ Other

Child's Physician: _____ Phone_____

Inclusion: Our staff appreciates learning about your child's specific needs and are very willing to provide appropriate supports and accommodations to enhance their experience. Please contact us for more information regarding inclusion at Lime Hollow.

Health History: Check and give approximate dates or status:

_____Hay Fever _____ Rheumatic Fever
_____Poison Ivy _____ Influenza Type B
_____Insect Stings _____ Heart Murmur
_____Mumps _____ German Measles
_____Measles _____ Penicillin Allergy
_____Diphtheria _____ Other drug allergies
_____Hepatitis Chronic/Recurring Illness
_____Chicken Pox _____
_____Diabetes Operations/Serious Injury
_____Fainting _____
_____Seizures Food Allergies or Restrictions
_____Asthma _____

Is this camper under medical care for any reason? Y or N

If yes, please specify: _____

Does this camper take medication? Y or N

Please specify: _____

Medication (including non-prescription) must be given to Camp Director by parent/guardian on the first day of camp.

TO BE COMPLETED BY PHYSCIAN: If your child has had a serious illness or a surgery within the last year she/he must have signed permission to attend camp from a physician.
Signature of Licensed Physician: _____Date:_____

Lime Hollow respects your privacy, all personal information is kept confidential.

Parent/Guardian Authorization:

This health history is correct so far as I know, and the person herein described has permission to participate in Lime Hollow's (LH) Summer Adventure Day Camp. I know of no legal, physical or health reason why my child cannot fully participate in the registered program. I understand it is the parent's responsibility to update LH with any changes prior to the start of camp. I authorize the permission of the following:

- My child's photo can be used in promotional/educational/social media.
- Lime Hollow Staff can reapply sunscreen/bug spray on my child if needed.
- In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize the Camp Director to take any action deemed necessary in the best interest of my child.
- LH attempts at all times to run programs that are educational, enjoyable, safe and further the charitable objectives of the Camp. Nonetheless, some activities of the Camp may involve inherent risks and hazards for which the Camp cannot be held responsible. Due to the nature of camp activities, injuries may still result even after reasonable precautions have been taken. It is acknowledged that the camp cannot be held responsible in the event that an injury occurs.

Parent Signature: _____Date_____