



Telephone/ Fax 607.662.4632

www.limehollow.org /E:info@limehollow.org

# The Wanderers-2020

## Completed Grades 6th-10th

### Camp Hours

- Full-Day Camp: 9-4 PM
- \*Early Care Hours: 7:30-9 AM
- \* After Care Hours: 4-5:30 PM
- \* Additional fee for extra care\*

### Discounts!

Pay in full by April 8 and get 10% off.  
 Plus we offer a special discount  
 for campers attending three or more weeks.  
 Contact us for more details.

### Weekly Rates

Full-Day Camp McLean, Grades 6th-10th  
 Members:\$225; Non-members:\$245  
 (Prices include lunch on Friday)  
 \*Wanderers Unleashed price is different

**Join us this Summer as we "Build a Better Nature"**  
 Inspired by Hunter Barlow, 12

## The Wanderers, our nomads of Lime Hollow!

The Wanderers will venture and explore the depth of the forest building a better nature. To get the full experience of these weeks, campouts are highly recommended.



### Navigating the Master Quest

August 17-21

Campout 2 nights  
(Extra \$50)



You may know a lot, but you can still delve deeper as you advance your skills even more. Don't let your guard down. Be prepared for the unexpected.

This week is about putting your hard work to the test. Explore the amazing world of wildlife by practicing to become master trackers. Be prepared for whopping games of Capture the Flag and Manhunt!



### Into the Wild

June 29-July 3  
Campout 1 night  
(Extra \$25)

Don't survive in the woods, thrive! Explore the curiosities of the natural world as you develop essential skills for camping and living outdoors. Master useful knots, learn how to build shelters and uncover the beauty of bushcraft skills in this awe-inspiring skills based week. Gain a new way to connect to the natural world as you meander around the great outdoors Lime Hollow has to offer.



### The Great Pathfinder "Fair"-Well

August 31- September 4



Stride into your final week of summer during Lime Hollow's beloved Great "Fair-Well" week. Take the Wanderer's challenge and go further than you ever imagined. Choose your path, instead of letting it choose you. Be prepared for the unexpected. On Friday, we'll celebrate the end of summer and this ultimate week at the end-of-the-season carnival and finish summer with a BANG!

### Living on the Edge

July 20-24  
Campout 2 nights  
(Extra \$50)



Begin your journey, lost and unafraid, deep into the wilds of the Hollow. With your fellow castaways, take your fire and shelter building skills to the next level. Learn to identify and harvest wild edibles and prepare tasty meals over open fires. Learn the art of orienteering and natural navigation as you embark on this exciting journey. You'll acquire the self-reliance and confidence it takes to survive in the wild as you spend two nights under the stars.

### Need more adventure?....

Look no farther and ask about the

### \*Wanderers Unleashed

August 3-8

\$535 Members & \$585 Non-Members  
Completed Grades 7th-12th as of June 2020

Pack your bags and say adios to the Lime Hollow property you have come to love and cherish. This week is all about adventure and new challenges. Venture out to explore central New York. Create your own tarp shelter and camp under the stars in a state park.

**Are you ready to explore central New York?**

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

**Please circle which camp you are applying for:**  
 Knee-High: ½ day, ages 3-5      Junior: Full day Grades K-3<sup>rd</sup>  
 Knee-High: full day, ages 3-5      Master: Full day Grades 4<sup>th</sup>-8<sup>th</sup>  
 CIT: Full day, Grades, 7<sup>th</sup>-10<sup>th</sup>

**Please circle the week(s):** 1 2 3 4 5 6 7 8 9 10

**Wanderers, Grades 6<sup>th</sup> -10<sup>th</sup>:** Into the Wild Living on the Edge  
 Navigating the Master Quest Pathfinder

**Lime Hollow on the Go, Grades 5<sup>th</sup> -10<sup>th</sup>:** Natural Wonders of CNY  
**Voyager:** Wanderers Unleashed Traverse



**Inclusion:** Our staff appreciates learning about your child's specific needs and are 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 PHYSICIAN:** 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** \_\_\_\_\_

Please complete, sign and return with a **50% deposit.**

**Camper's Name:** \_\_\_\_\_

**Circle one: M F Camper's Age: \_\_ Birthdate:** \_\_\_\_\_

**Grade Completed as of June 2020:** \_\_\_\_\_

**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. Fill in or supply print out.

DTaP \_\_\_\_\_ Tdap \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Hepatitis A \_\_\_\_\_

Polio IPV or OPV \_\_\_\_\_

Varicella (Chicken Pox) \_\_\_\_\_

Measles, Mumps, Rubella (MMR) \_\_\_\_\_

Haemophilus influenza type b (Hib) \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone** \_\_\_\_\_