

Application For Lylewood Christian Camp
2010

Mail to: Lylewood Christian Camp, Attn: Registration
PO Box 476, Clarksville, TN 37041

This form is submitted in order to reserve a space for your child at Lylewood Christian Camp for the session(s) checked below. No money needs to be sent with this application, however payment in full is due upon arrival at the camping session.

CAMPER INFORMATION:

First name: _____ Last name: _____ MI: _____
Male___ Female___ Name used: _____ Birthday ___/___/___ Age at camp time _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: (_____) _____ - _____. Is this you first time to attend Lylewood? Yes ___ No ___

Father or Male Guardian's Information

Name: _____
Address: _____
City _____ State _____ Zip _____
Home Phone: (_____) _____ - _____.
Cell Phone: (_____) _____ - _____.
E-mail: _____
Does camper live with this person? Yes ___ No ___
Day-time phone (_____) _____ - _____.

Mother or Female Guardian's information

Name: _____
Address: _____
City _____ State: _____ Zip: _____
Home phone: (_____) _____ - _____.
Cell phone: (_____) _____ - _____.
E-mail: _____
Does camper live with this person? Yes ___ No ___
Day-time phone: (_____) _____ - _____.

Emergency Contact (other than parent):

Name: _____ Relationship to camper: _____ Phone: (_____) _____ - _____.

Pick-up Authorization/Custody Restrictions

Please list authorized persons to pick up your child, other than parents

Sessions:

Please choose the session below. Cost of retreat is \$45, Cost of summer session is \$120. A \$20 late fee will be assessed if your application is not received one week prior to the start of your summer camp session. *No money needs to be sent with the application.* NOTE: A NEW APPLICATION MUST BE FILLED OUT FOR EACH SESSION YOUR CHILD IS TO ATTEND.

Spring Retreat: 9th-12th grade April 9-11 _____ 6th-8th grade April 16-18 _____ 2nd-5th grade April 23-25 _____

Summer Camp: K-1st grade June 17-20 _____ 8th-12th grade June 20-25 _____ 5th-7th grade June 27-July 2 _____
2nd-4th grade July 11-16 _____ *****Note that sessions for 2nd grade and up end on FRIDAY each week.

Fall Retreat: Family: Sept 17-19 _____ 2nd-5th grade: Sept 24-26 _____ 6th-12th grade: Oct 1st-3rd _____

*****Note the grade breakdowns are different for these retreats.

Waiver: In signing this petition, I hereby give permission for my child to participate in all activities of the camp program, unless otherwise specified in writing. I certify that my child is amenable to discipline and is free from habits that would make him/her an undesirable camper. I understand that I am responsible for all medical expenses. I have read the information and policies about Lylewood Christian Camp and will follow and support each of these. I also give permission for my child's picture to appear in camp information including the camp web site.

Parent Signature: _____ Date: _____

Camper Name: _____

CAMPER HEALTH HISTORY FORM. Please attach a copy of the camper's insurance card and immunization record

This form is to be completed and signed by the camper's parent or legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. If this form is incomplete, parents will be notified and asked to come to camp to complete this information.

Important: The following must be complete for camper to attend any camping session

Parent/Guardian Authorizations: This health history is correct and complete to the best of my knowledge. The person herein described has my permission to engage in all camp activities. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

Signature of Parent: _____ Date _____

Area hospitals require this form to be notarized before any medical treatment can be administered in NON-LIFE threatening situations. Without notarization, medical treatment will be administered for only life-threatening situations.

Notary: _____ Date of expiration: _____

Liability Release: As my child's attendance at Lylewood Christian Camp is a privilege, I release Lylewood Christian Camp, Inc, including its trustee's, board of directors, and volunteer staff from my child's physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I understand that participation in Lylewood Christian Camp activities requires a certain level of physical fitness and ability. By signing below, I warrant that my child is physically fit and able to participate in all the camp's activities, except for those activities listed as restricted in this form. If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives, and signs. My parent or guardian also promises by signing below to defend, indemnify, and hold Lylewood Christian Camp, Inc, harmless from any claim asserted by me against Lylewood Christian Camp, Inc. including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

Do not change this text in any way. This page must be completed for a camper to attend Lylewood Christian Camp.

Signature of Parent/Guardian: _____ Date: _____

Mental and emotional health: Check if applies to this camper.

_____ This camper has seen or is currently seeing a professional to address mental/emotional health concerns. If so, please state the management plans being followed: _____.

Camper Name: _____

Important – These boxes must be complete for attendance

ALLERGIES List all known. Describe reaction and treatment of the reaction.

Medication allergies

Food allergies

Other allergies -include insect stings, hay fever, mold, asthma, etc.

MEDICATIONS BEING TAKEN

This person takes NO medications on a routine basis.

This person takes medications as follows:

PLEASE NOTE: Any medications sent to camp must in the in original RX Bottle with the physician's name and administration instructions on the bottle. Medications must be given to the Camp Nurse for administration.

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp.

Med #1 _____ Dosage _____
To be taken at: Breakfast _____ Lunch _____ Supper _____ Bedtime _____ As Needed _____
Reason for taking _____

Med #2 _____ Dosage _____
To be taken at: Breakfast _____ Lunch _____ Supper _____ Bedtime _____ As Needed _____
Reason for taking _____

Med #3 _____ Dosage _____
To be taken at: Breakfast _____ Lunch _____ Supper _____ Bedtime _____ As Needed _____
Reason for taking _____

I hereby authorize the Camp Nurse to administer: initial all that apply (please note that the dosage administered will be the same as the one specified on the medication)

Tylenol/Acetaminophen Please initial _____

Motrin/Ibuprofen Please initial _____

Benadryl Please initial _____

Pepto Bismal Please initial _____

Camper name: _____

Minimal first aid is available by camp staff. A general list of the topical treatments used at the camp is provided below. Check any which you will allow to be used for your child as a first aid treatment. (Note, the generic or store brand equivalent may also be used)

_____ Neosporine _____ Rubbing Alcohol _____ Hydrogen Peroxide _____ Calomine lotion
_____ Bactine _____ Aloe Vera

List any restrictions to activity or any medical conditions not indicated previously. Use additional paper if necessary.

Insurance: A camper must be covered by health insurance or must submit an insurance release/parental agreement to cover any medical expenses, in order to attend camp. Choose **only one** of the options below to complete this requirement.

_____ Camper is covered by medical insurance (please fill out policy information below and attach a copy of the insurance card).

Policy Holder _____ Policy Holder Date of Birth _____
Address _____ Relation to camper _____
City, State Zip _____ Occupation _____
Policy Holder's Employer _____ Employer Address _____
Insurance Company _____
Insurance Company Address: _____
Policy Number: _____ Plan # _____

_____ Camper is not covered by medical insurance.

Camper name: _____

I/We, _____, am the legal parent(s) or guardian(s) of the above named camper.

I/We agree and hereby give my/our permission for the minor child to receive medical treatment at such times and by such medical professionals and/or health care facilities, as Lylewood Christian Camp Staff shall deem appropriate. I/We hereby agree to be financially responsible for any and all treatments secured for the benefit of the minor child. Further, I/we understand that no insurance information has been forwarded concerning the above camper and that all invoices that result from medical treatment, of any type or kind, will be my/our personal responsibility. I/we agree that the type and level of medical treatment shall be in the sole discretion of Lylewood Christian Camp Staff and I/we hereby agree that such treatment is reasonable and in the best interest of the child, and agree to the payment of such treatment.

I/We agree that in the event I/we fail to pay said invoices, I/we will pay all court costs and plaintiff's attorney fees that arise as a result of the collection of that cause.

IN WITNESS WHEREOF I have hereunto set my hand on the date written below.

Parent: _____

Parent: _____

Date: _____

Parent Information – Please read and retain for your records

WHAT TO BRING TO CAMP

Please do not purchase new clothing for camp. Campers should wear outdoor clothing and durable, comfortable shoes. Campers sometimes misplace their belongings, therefore please mark all personal items sent with your child. NO EXTRA MONEY WILL BE NEEDED FOR THE CAMP SESSION

- | | | | | |
|--|---------------|---------|-------------|-----------------------|
| *Twin size sheets, pillow, and either blankets or sleeping bag | | | | |
| *Bible | *Notebook | *Pen | *Toothbrush | *Toothpaste |
| *Soap | *Shampoo | *Towels | *Washcloths | *Other toiletry items |
| *Bathing suit | *Tennis shoes | *Socks | *Flashlight | *bug spray/sunscreen |

*Enough clothes for the full camping session (clothes washing facilities are not available)

**Please be sure all clothing is modest and appropriate. Shorts are acceptable but should be of modest length (mid-thigh).

Shirts should not show the mid-drift and should have straps at least 2 inches wide.

DO NOT BRING: jewelry, cell phones, electronic devices, or money.

TRANSPORTATION/ARRIVAL AND DEPARTURE TIMES

Parents are responsible for arranging their child’s transportation to and from Lylewood.

Retreats: campers should arrive Friday night between 4:30 and 6 pm. Activities begin at 6. Camp staff will not be available to supervise your child until 4:30pm so please do not drop them off early. Retreats end Sunday at 10am. Please be prompt in picking up your child. You are welcome to join us for a brief Sunday morning devotional beginning at 9:30 Sunday morning.

Summer camp: camper should arrive Sunday afternoon between 2 and 6pm. Activities begin at 6pm. Camp staff will not be available to supervise your child until 2pm so please do not drop them off early. Summer camp sessions end Saturday morning at 10 am. Please be prompt in picking up your child. You are welcome to join us for a brief devotional beginning at 9:30 Saturday morning.

MEDICATIONS

If your camper is taking medications during the day, please deliver it to the check-in table. Send the medication labeled with camper name, medication name, and dosage required. Inhalers and epi-pens may be kept in camper’s possession if permitted by parents, and the camp staff is notified.

LOST AND FOUND

Campers are encouraged to keep up with their belongings while at camp. Due to labor and expense, items will not be shipped to campers after camp has ended. Any camper belongings left behind at camp, will be stored in the director’s cabin. When that group of retreats or summer camp sessions has ended, all remaining items will be donated to charity. Lylewood Christian Camp is not responsible for lost, damaged, or stolen items.

CONTACT INFORMATION

We encourage parents to allow their children to experience the full effect of sleep-away camp by not visiting during the camping session. In the past, it has been shown that when parents come to visit, children are much more likely to want to go home early. If your child is homesick, the staff will counsel with them and allow them to call home if they feel the child is not happy. If you do come to visit your child, please be aware that meals and canteen items are purchased for campers and staff. You may join us if food is available but please be considerate of the extra cost involved.

If you need to contact your child by phone, please dial: 931-232-4640.

DIRECTIONS

From Clarksville: Take HWY 79N toward Dover. Turn left onto Lylewood Road (Hwy 233) Go approximately 7 miles. At the stop sign, bear left. Go approximately 4 miles. Turn right onto Cemetary road. (The Lylewood Inn is at the top of the hill). At the top of the hill, turn right onto Camp Lylewood Road. Follow the road to the circle dirve.

From Cumberland City: Take the ferry across the river. Turn right onto Wildcat Creek Road. Turn left onto Cemetary Road. Turn left onto Camp Lylewood Road. Follow the road to the circle drive.