



# Application Form for Summer Day Camps

Connect with nature and Journey into the Heart

Name of Camp \_\_\_\_\_ Camp Date \_\_\_\_\_  
Number of years attended \_\_\_\_\_

## Camper Information

Camper's Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_  
*Last* *First*

Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_ Grade entering next fall \_\_\_\_\_

Gender Male Female Camper lives with Mother Father Both (together) Other

Home address \_\_\_\_\_  
Street address City State Zip

If the address to send all camp information is different than above please indicate below:

Name Address

Please email all confirmations, and other correspondence to the following Primary email address

**Please print email clearly** \_\_\_\_\_

Or please send confirmations via post mail

Are there any conditions that we should be aware of that may affect the campers ability to participate in our programs? \_\_\_\_\_

Please describe in detail your campers swimming ability \_\_\_\_\_

Why do you want to attend The Living Earth Summer Camp? \_\_\_\_\_

**T-Shirt Size:**  Youth small  Youth medium  Youth large /  Small  Medium  Large  Xlarge

## Parent Information

Mothers Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
*Last* *First*

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Fathers Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
*Last* *First*

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Where did you hear about The Living Earth School?

Word of Mouth: Name of person \_\_\_\_\_

Advertisement: Which publication \_\_\_\_\_

Website Brochure Camp Fair: Which one \_\_\_\_\_ Fliers Posted

**Carpooling:** Many families have found carpooling to be beneficial. We encourage carpooling and do our best to help make arrangements as easy as possible for you. By checking yes below you are authorizing LES to give out your contact information to other families requesting carpooling.

No

Yes, I am interested in finding others to carpool with

Area where you live \_\_\_\_\_

(example; near Barracks Rd., Batesville, etc)

**Friends:** Though we strive to see that all campers make new friends, we also understand that some campers would really like to be together. If it is very import to your child, please list one to two friends or siblings that your child would like to be placed with. Please note, we will try our best to accommodate, but cannot guarantee arrangement.

Name of camper(s) to be placed with \_\_\_\_\_

**Submit a Photo:** Please submit a current photo of camper (within last two years). It can be a simple snapshot or school photo. This will be kept in campers personal file.

**Refund and Cancellation:** For cancellations prior to June 1, a full refund minus \$100 non-refundable deposit will be issued. For cancellation after June 1, the total fee is forfeited. In the event that your child enrolls in camp and withdraws because of homesickness or is asked to leave because of misconduct, there will be no refund.

**Camper Dismissal:** A camper whose behavior is disruptive to the camp program or harmful to himself/herself, others, or the property of camp or others, will be dismissed at the discretion of Camp Director, with no refund of fee.

#### PARENT/GUARDIAN CONSENT AND AGREEMENT

We, the undersigned parents (or guardians) of the camper named on this application, acknowledge that we are fully aware that certain elements of danger are inherent in the activities sponsored by The Living Earth School, which are beyond the control of the agents, the land owners and employees of The Living Earth School, and that participation in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. We are aware of the types of activities in which the child will be participating during his/her stay and have been given ample opportunity to ask any questions which we may have about the environment the child will live and the activities that he or she will participate in. We are aware of the dangers that are inherent in the operation of any child's camp and in the child's participation in all camp activities on or off premises of said camp including, but not limited to, hiking, athletics, including bodily contact, use of tools and equipment, backpacking, canoeing, tubing, swimming, outdoor-living skills, and vehicular travel.

We grant permission to use any photograph or video for promotional use, knowing it will be done in good taste.

We have read and understand the terms and conditions of this Agreement/Waiver and we agree to subscribe to them.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

(if only one signature, consent is implied from other parent)

**Thank you! We are looking forward to seeing you!**

- Enclose \$100 Deposit payable to **The Living Earth School**, full payment due June 1
- Mail to: LES / 101 Rocky Bottom Lane / Afton, VA 22920
- We will send you a confirmation letter and additional information
- Have any questions? Call (540) 456-7339 or [info@livingearthva.com](mailto:info@livingearthva.com)

# Health History Form

## For Children, Youth and Adults



Dates of Attendance \_\_\_\_\_

Mail this form by June 1 to  
The Living Earth School  
101 Rocky Bottom Ln  
Afton, VA 22920

The information on this form is not part of the camper/student acceptance process, but is gathered to assist us in identifying appropriate care. Any changes should be brought to the in charge personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

### Camper Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last First Middle*  
Age at camp \_\_\_\_\_ Gender: Male Female Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_  
*Street address City State Zip*

### Custodial Parent/Guardian Information

|                         |                         |
|-------------------------|-------------------------|
| Name: _____             | Name: _____             |
| Address: _____          | Address: _____          |
| City, State, Zip: _____ | City, State, Zip: _____ |
| Home Phone: _____       | Home Phone: _____       |
| Cell Phone: _____       | Cell Phone: _____       |
| Work Phone: _____       | Work Phone: _____       |

### Emergency Contact Information

If parent or guardians are not available, please contact: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Carrier address \_\_\_\_\_  
Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Insurance ID number \_\_\_\_\_

### Important – This box must be complete for attendance

|  |  |
|--|--|
| <p><b>Parent/Guardian Authorizations:</b> This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.</p> <p>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 agree to the release of any records</p> | <p>necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.</p> |
| Signature of parent or guardian or adult camper/staffer _____  |  |
| Printed Name _____ Date _____  |  |

**Allergies**

Describe reaction and management of the reaction

**Medications allergies** (List)

\_\_\_\_\_

**Food allergies** (List)

\_\_\_\_\_

**Other allergies** (List) –include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

**MEDICATIONS BEING TAKEN**

This person **takes NO medication** on a routine basis. OR This **person takes medication** as follows:  
 Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_  
 Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_  
 Attach additional pages for more medications.  
 Identify any medications taken during the school year that participant does/may not take during the summer.

**RESTRICTIONS** (The following restrictions apply to this individual.)

**Does not eat:** Meat Dairy products Seafood Eggs Other (describe) \_\_\_\_\_

**Explain any restrictions to activity** (e.g. what cannot be done, what adaptations or limitations are necessary)

\_\_\_\_\_

**General Health Questions** (Explain “yes” answers below.)

| Has/does the participant:                                   | Yes | No | Yes   | No |
|---|-----|----|---|----|
| 1. Had any recent injury, illness or infectious disease?... |     |    | 16. Ever had back problems?.....              |    |
| 2. Have a chronic or recurring illness/condition?.....      |     |    | 17. Ever had problems with joints?.....       |    |
| 3. Ever been hospitalized?.....                             |     |    | 18. Have an orthodontic appliance being       |    |
| 4. Ever had surgery? .....                                  |     |    | brought to camp? .....                        |    |
| 5. Have frequent headaches? .....                           |     |    | 19. Have any skin problems?.....              |    |
| 6. Ever had a head injury? .....                            |     |    | 20. Have diabetes? .....                      |    |
| 7. Ever been knocked unconscious? .....                     |     |    | 21. Have asthma? .....                        |    |
| 8. Wear glasses, contacts or protective eye wear? .....     |     |    | 22. Had mononucleosis w/in the year? ....     |    |
| 9. Ever had frequent ear infections? .....                  |     |    | 23. Had problems w/ diarrhea/constipation?    |    |
| 10. Ever passed out during or after exercise? .....         |     |    | 24. Have problems with sleep walking?         |    |
| 11. Ever been dizzy during or after exercise? .....         |     |    | 25. If female, have an abnormal menstruation? |    |
| 12. Ever had seizures? .....                                |     |    | 26. Have a history of bed-wetting? .....      |    |
| 13. Ever had chest pain during or after exercise? .....     |     |    | 27. Ever had an eating disorder? .....        |    |
| 14. Ever had high blood pressure? .....                     |     |    | 28. Ever had emotional difficulties for       |    |
| 15. Unable to swim?.....                                    |     |    | which professional help was sought?           |    |

Please explain any “yes” answers, noting the number of the questions. \_\_\_\_\_

\_\_\_\_\_

**Please fill out to the best of your ability**

Which of the following has the participant had?

Measels \_\_\_ Chicken Pox \_\_\_ Mumps \_\_\_ German Measles \_\_\_ Hep A \_\_\_ Hep B \_\_\_ Hep C \_\_\_

**Is camper current on all immunizations:**  Yes  No, please explain \_\_\_\_\_

**Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware.** \_\_\_\_\_

\_\_\_\_\_

**Name of family physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of family dentist/orthodontist** \_\_\_\_\_ **Phone** \_\_\_\_\_