

Camp Dixie LLC - Summer Day Camp

PO Box 744
Clayton, GA 30525
706-782-3717
www.campdixie.org

Summer 2020

Please fill out a separate form for each camper

Camper's First Name: _____ MI: _____ Last Name: _____ Goes by: _____
Gender: (M) (F) Birthdate: ____/____/____ Age at Camp Time _____ Family e-mail: _____
Home Address: _____ City: _____ State: _____ Zip: _____

Please enroll my child for the following period(s):

First Session: June 8 - 12 \$190 a week for one child T shirt size:
 Second Session: July 13 - 17 \$361 a week for two children
Youth: YS YM YL
Adult: AS AM AL

Contact	First Name	Last Name	Business/Profession	Work Phone (w/area code)	Cell Phone (w/area code)
Parent / Guardian 1					
Parent / Guardian 2					
Emergency Contact					
Step-Parent / Other					

Applicant lives with: (both natural parents) (single parent) (father/step-mother) (mother/step-father)
(grandparents) (other)

If parents are divorced, who has legal custody? _____
Who should be contacted during camp? _____

Pick Up Information

Please list names of person (and relationship to camper) authorized to pick up you child. ID may be required to verify names on list.

1. _____ 2. _____ 3. _____

Camper's Medical Information

Check any allergies the camper has:

Has never been stung Drug Latex Red Dye
 Ant Bites Gluten Milk/Dairy Products Other
 Bee Stings Hay/Straw Peanuts/ Tree Nuts

Other Allergies: _____
Type of Reaction: _____
Treatment Given: _____

List any specific activities to be restricted or any physical, mental, behavioral concerns or limitations that we should be aware of:

Has your child ever had:

Seizures Frequent Ear Infection Does your child use an inhaler Yes No
 A.D.D. or A.D.H.D. Celiac's Disease Date of last tetanus shot: _____
 Asthma

Does camper have dietary restrictions? Yes No

Explain Dietary Restrictions: _____

If a camper has a known complicating medical problem or has had an operation or serious illness since the last health examination, camper must have written permission from a licensed physician in order to participate in the camp program.

Is the camper receiving medical treatment or under the care of a psychologist/therapist or physician? (Yes) (No)

If yes, why? _____

Is the camper currently enrolled in a special school/class or social skills class? (Yes) (No)

If yes, why? _____

Does the participant currently take medication? (Yes) (No)

If yes, what and why _____

Will the camper be taking medication at camp? (Yes) (No) if Yes, we will send you a "Request for Giving Medication at Camp" form

Insurance Information

Carrier/Plan Name: _____ Group #: _____
Name of Insured: _____ Relationship to Camper: _____

Preferred Provider

Physician: _____ Phone: _____
Preferred Hospital: _____

Additional Camper Information

In general terms how has your child's school year been? _____
What would you as a parent like your child to gain from camp? _____

What would your child especially like to do as a camper? _____

Participant Agreement/Terms and Conditions

1. All participants will agree to abide by all Camp Dixie's rules and policies.
2. Director may dismiss a participant from Camp Dixie at any time.
3. Camp Dixie is NOT responsible for any lost articles of clothing or campers' personal articles.
4. Camp Dixie may use photographs/video of participants for promotion.
5. Campers in all summer camp programs must be present at camp the first day of each session they attend.
6. Emergency Release: If participant is a minor, the undersigned parent/guardian agrees that in case of an emergency at Camp Dixie involving their child, if they are unable to be contacted, the parent/guardian gives permission for staff personnel present to contact a doctor at Mountain Lakes Medical Center and permit whatever treatment is deemed necessary by the doctor for the emergency.
7. The completed Health Form and full tuition must be returned to Camp Dixie by June 1.
8. Refunds - There is no refund for missed days at camp, vacations or if camper is dismissed from camp by the Director. No refund or adjustment is made, and no prior notice is made, if Camp Dixie changes its program by adding, altering, or deleting activities as deemed necessary by the Director.

Assumption of Risk and Hold Harmless Agreement

- Our camps take place in the outdoors and include activities which are adventurous and challenging. All camp activities contain certain inherent risks. Our purpose for this disclosure is not to cause you undo concern but to inform you of the risks connected with the fun, adventure and challenge of all camp programs.
- You as parent/guardian of your child(ren) are aware of the inherent risks of injury, death and property damage involved in camp activities including but not limited to swimming, canoeing, hiking, trampoline, archery, nature activities, sports, etc. You as parent/guardian shall indemnify, defend and hold harmless Camp Dixie LLC and its officers, directors, shareholders, employees, agents, owners of property used/leased by Camp Dixie LLC and representatives (collectively) against all liability demands, claims, costs, losses, damages, recoveries, settlements incurred by indemnities ("losses") regardless of cause other than gross negligence, known or unknown, arising from your child(ren)'s participation in Camp Dixie LLC activities.
- **Please note:** Parents of potential campers with special needs (medical or otherwise) should contact the Camp Director prior to registration in order for us to help determine the suitability of our program and the opportunities that may exist for an enriching, safe, and mutually beneficial camp experience.

Agreement and Signature (Release Form)

- I have read, understood, and agree to the above Participant Agreement/Terms and Conditions
- I have read, understood, and agree to the above Assumption of Risk and Hold Harmless Agreement
- To my knowledge the information I have supplied in the above Statement of Camper's Health History and Well Being is accurate and complete.
- My child has no communicable disease which would make him / her an unhealthy campmate for others. To the best of my knowledge, my child is in good health.
- If my child is exposed to any INFECTIOUS DISEASE or CONTAGIOUS CONDITION within TWO (2) weeks prior to attending Camp, I will notify/ call the Camp.
- I hereby give permission to the medical personnel selected by Camp Dixie to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for my child as named above.
- I hereby give permission to Camp Dixie to transport my child as necessary for emergencies.
- This authorization may be copied for use off campus.
- I understand that Camp Dixie Day Camp will include activities in or near water – canoeing, swimming and creekwalking. I give my permission for my child to participate in all water activities included in the camp program.
- I hereby affirm that my child is in good health and physically capable of performing the activities of camp. In consideration of Camp Dixie, LLC accepting my child into the day camp program, I release and forever discharge Camp Dixie, LLC, its owners, director, staff and volunteers from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

By submitting this registration, I acknowledge that I accept and agree to abide by Camp Dixie's Policies.

Parent / Guardian 1 Printed Name: _____ Signature: _____ Date: _____

Parent / Guardian 2 Printed Name: _____ Signature: _____ Date: _____