

2010 HIDDEN HOLLOW CAMP REGISTRATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **EMERGENCY ALT. #:** _____

CAMPER WILL BE _____ YEARS OLD WHEN ATTENDING HHC **SEX:** FEMALE _____ MALE _____

PARENT EMAIL ADDRESS: _____
(OPTIONAL. This email address will be used to confirm your child's registration. Please make note that an electronic confirmation will come from a "friendlyhouseonline.com" email address.)

Please reserve a place for my child for the period(s) checked below.

WEEK	CABIN MATE
<input type="checkbox"/> JULY 11-17, 2010	_____
<input type="checkbox"/> JULY 18-24, 2010	_____
<input type="checkbox"/> JULY 25-31, 2010	_____
<input type="checkbox"/> AUGUST 1-7, 2010	_____
<input type="checkbox"/> AUGUST 8-14, 2010	_____

(This last session is open to ages 10-15 only)

CABIN MATE INFORMATION

If your child wants to be in a cabin with a friend, both children must request each other on the registration. We can honor requests for ONE CABIN MATE ONLY. When campers request cabin mates that are younger or older than themselves, the older child will be placed in the younger cabin. NO EXCEPTIONS.

ONE-TIME PAYMENT IN FULL

___ \$245 ONE SESSION (per camper)
 ___ \$465 TWO SESSIONS (per camper)

PRICE REDUCTIONS ARE FOR THE SAME CAMPER, NOT THE SAME FAMILY.

PARTIAL PAYMENT PLAN

___ \$45 REGISTRATION FEE (per camper)

The \$45 registration fee is required for the partial payment plan and will hold your child's spot. You will end up paying \$15 more through the partial payment plan.

___ \$260 ONE SESSION (per camper)
 ___ \$480 TWO SESSIONS (per camper)

This remaining balance must be paid by June 30, 2010

Make all checks payable to FRIENDLY HOUSE and include camper(s) name on check.

Send registration and payment to:

FRIENDLY HOUSE
 c/o HIDDEN HOLLOW CAMP
 380 N. Mulberry St.
 Mansfield, OH 44902

CHECK ONLY. PLEASE DO NOT SEND CASH.

In case of cancellation, all but \$45 will be refunded by Friendly House if given 7 days notice prior to the start of child's time at camp. Cancellations after that time or the first day of camp will result in NO REFUND OF CAMP FEES.

OFFICE USE ONLY

Date: _____	Date: _____
Amt. Paid: _____	Amt. Paid: _____
Balance: _____	Balance: _____
Receipt #: _____	Receipt #: _____
INITIALS: _____	INITIALS: _____

During camp, every camper has the opportunity to participate in a supervised horse trail ride. Children must wear long pants, shoes that tie and will be given a helmet to wear. **By signing below, you give permission for your child to ride horses while at Hidden Hollow Camp.**

 Parent/Guardian Signature

HIDDEN HOLLOW CAMP -- Health History and Emergency Information
Application will not be processed without this information

Mail this form and registration to:
FRIENDLY HOUSE
380 N. Mulberry St.
Mansfield, Ohio 44902

This form to be filled out by parent/guardian(s) of minor

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: Male Female Birthdate: _____ Age at Camp: _____

Custodial Parent/Guardian: _____ Relationship: _____

Telephone: _____ Alt. Phone: _____

Address: _____
(if different from above)

City: _____ State: _____ Zip: _____

2nd Parent/Guardian: _____ Relationship: _____

Telephone: _____ Alt. Phone: _____

If not available in Emergency, please notify: _____

Phone: _____ Relationship to Camper: _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance YES NO

Insurance Company: _____ Group # _____

Insurance Co. Address: _____

Subscriber: _____ Policy # _____

Allergies:

My child has no known allergies
 My child is allergic to the following:

Please list allergies below with description of reaction and management of reaction
FOOD ALLERGIES (although not an allergy, please mark if your child is a vegetarian)

MEDICATION ALLERGIES

ENVIRONMENTAL ALLERGIES (insect stings, hay fever, etc.)

Health Care Providers: Please provide the name and phone numbers of your child's primary health care providers .

Name of Physician(s): _____ Phone: _____

Name of Dentist(s): _____ Phone: _____

Name of Orthodontist(s): _____ Phone: _____

HIDDEN HOLLOW CAMP -- Health History and Emergency Information (continued)
 Application will not be processed without this information

Medications:

Please list ALL medications taken routinely, including over-the-counter and non-prescription drugs. This includes vitamins and natural remedies. Keep in the original packaging and/or bottle that identifies the prescribing physician (if a prescription), the name of the medication, dosage, frequency of administration and if refrigeration is needed. Please note that Hidden Hollow provides basic over-the-counter medications like Tylenol, Advil, Sudafed, etc. and your child does not need to bring these.

- My child will not be taking any medications during camp
 My child will take the following medication(s) while attending camp

Name of Medication	Reason for Taking	Time it is given	Amount/dose given	How is it given
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other: _____		

If more space is needed to list child's medications, please attach a separate sheet of information to the form.

Below is a list of over-the-counter medications and remedies that are available at all times at Hidden Hollow Camp. Please do not send these items with your child. Please check those you want make available to your child.

- | | | |
|---|--|---|
| <input type="checkbox"/> Cleansing of minor abrasions | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Emetrol for upset stomach |
| <input type="checkbox"/> Topical antiseptic | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Antibiotic cream (Neosporin) |
| <input type="checkbox"/> Ice pack for fever | <input type="checkbox"/> Sudafed for sinus | <input type="checkbox"/> Calamine lotion/gel |
| <input type="checkbox"/> Splinters removed | <input type="checkbox"/> Benadryl for rash/allergies | <input type="checkbox"/> Aloe Gel |
| <input type="checkbox"/> Band-Aids | <input type="checkbox"/> Sore throat spray | <input type="checkbox"/> TUMS/Antacid tablets |

Immunization History:

Provide the most recent month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization records from your health-care provider or state or local government are acceptable; please attach.

Immunization	Date (MM/YY)	Immunization	Date (MM/YY)
*Diphtheria, tetanus, pertussis (DTaP or Tdap)		Haemophilus influenzae type B (HIB)	
*Tetanus booster (dT or Tdap)		Meningococcal meningitis (MCV4)	
*Mumps, measles, rubella (MMR)		Pneumococcal (PCV)	
*Polio		Varicella (chicken pox)	
Hepatitis B		Had chicken pox	
Hepatitis A		Tuberculosis (TB) test	
		<input type="checkbox"/> POS. <input type="checkbox"/> NEG.	

If your child has not been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

 PARENT/LEGAL GUARDIAN SIGNATURE

 DATE

HIDDEN HOLLOW CAMP -- Health History and Emergency Information (continued)

Application will not be processed without this information

Mental, Emotional and Social Health:

Check "Yes" or "No" for each statement and explain "Yes" answers below. Camp may contact you for more information.

Has the camper:

- 1. Ever been treated for attention-deficit and/or hyperactivity disorder (ADD or ADHD)?
2. Ever been treated for an eating disorder or emotional/behavioral difficulties?
3. During the past 12 months, seen a professional to address mental/emotional health concerns?
4. Had a significant life event that continues to affect the camper's life?

(History of abuse, death of a loved one, family change, adoption, foster care, disaster survival, etc.)

General Health History:

Check "Yes" or "No" for each statement and answer "Yes" questions below. For travel outside US, please list dates.

Has/does the camper:

- 1. Ever been hospitalized
2. Ever had surgery?
3. Have a recurrent/chronic illness?
4. Had a recent infectious disease?
5. Had a recent injury?
6. Had asthma/wheezing/shortness of breath?
7. Have diabetes?
8. Had seizures?
9. Had headaches/migraines?
10. Had fainting or dizziness?
11. Ever passed out during or after exercise?
12. Had fainting or dizziness?
13. Had mono during the last 12 months?
14. If female, have problems with periods?
15. Have problems with sieepwalking?
16. Ever had back/joint problems?
17. Have a history of bedwetting?
18. Have problems with diarrhea/constipation?
19. Have any skin problems?
20. Have any heart/blood pressure problems?
21. Ever had a head injury?
22. Traveled outside country in past 9 mos?

What have we Forgotten to Ask?: Please provide any information about your child's health that you think is important or that may affect your child's ability to fully participate in camp. This includes any restrictions or adaptations that should be made.

With my parents, I have completed the above information and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while participating in this program.

Youth Signature: Date:

I/We understand that when participating in Friendly House activities at Hidden Hollow Camp, the participant may be photographed for print, video or electronic imaging for the sole purpose of promoting the Hidden Hollow Camp image. I/We acknowledge that the image will be the sole property of The Friendly House and the programs associated with Friendly House.

Parent/Guardian Signature: Date:

We hereby make application to enroll our child in Hidden Hollow Camp expecting that all normal precautions be taken to ensure their health, safety and well-being. We understand the camp fee does not include accident insurance and that no liability is assumed by Friendly House. The above health history is correct so far as we know and the person herein described has permission to engage in all camp activities except as noted by ourselves and the examining physician. In the event that we cannot be reached in an emergency, we hereby give permission to the Camp Director(s) and/or physician selected by Director(s) to transport, hospitalize, secure treatment for and to order injection, anesthesia, or surgery in a life-saving situation for our child while at camp.

BOTH PARENTS AND/OR LEGAL GUARDIANS MUST SIGN!!

Parent Signature: Date:

Parent Signature: Date: