

# Hidden Hollow

## Jr. Camp Application

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**Hidden Hollow Camp's Jr. Camp program is open for any boy or girl between the ages of 6-8 who would like to experience camp life, without spending a whole week away from home. This program is not open to children that have already attended a full week at camp. Hidden Hollow Camp is owned and operated by Friendly House, a community center located in Mansfield, Ohio.**

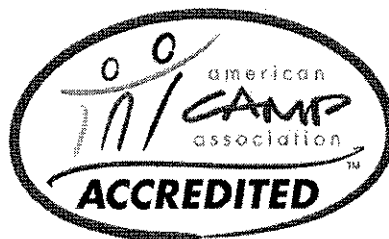
The camp consists of 572 acres of streams, woods and scenic hills in the Possum Run Valley away from traveled roads. Sky High Lodge, located on the uppermost hill, provides one of the most panoramic views in Richland County. A swimming pool, tennis court, craft hall, playhouse, horse paddock, archery range, two ponds and an astronomy observatory are all located within the camp grounds.

A well-rounded program permits all Hidden Hollow campers a chance to participate in every phase of camp life. Knowing nature and learning that healthy bodies and minds go hand-in-hand with happy living is one aspect of camp life. Sportsmanship and team spirit share a part of their lives as they share their experiences with others. Campfires burn while stories are told, and campers and counselors sing and participate in fun activities. Campers enjoy swimming, canoeing, hayrides, fishing, tennis, horseback riding, archery, arts and crafts and scores of other activities.

Every camper is an important citizen at Hidden Hollow and each has his or her own special place at camp. Above all, *our* staff regards each camper as "The Parent's Most Precious Possession" and we plan accordingly.

The Camp Director has over 35 years of experience at Hidden Hollow Camp and Friendly House. Hidden Hollow Camp is accredited by The American Camp Association and adheres to strict guidelines and practices. No one shall be denied admission to our camp because of race, color, creed, religion, national origin, sex, handicap or age.

**For further information, please call Friendly House at 419-522-0521**



## **First Day Procedures**

**Arrival at HHC:** If you are traveling I-71, use exit #169/Mansfield and turn left (you will turn left coming from both directions). If you are coming from Mansfield take Route 13/S. Main St. to the overpass at I-71. The camp is located on O'Possum Run Rd., just 6.8 miles from the Wal-Mart Supercenter. Please – NO DOGS are permitted on the camp grounds.

**Drop-off and Health Screening:** Jr. Camp will open at 4:00pm on the first day of the session. Once you arrive at HHC, please take your child to the Kiwanis cabin (across from the Woodshop, near the parking lot) for their Health Screening. After this has been completed you and your child can take their belongings to the cabin and meet their counselors. From here you can leave your child with the counselors and say your goodbyes.

**Medications:** Please give all medication your child is taking to one of their counselors. He/She will provide you with a label to mark the frequency and dosage. Please see the health form for a list of non-prescription and over-the-counter medications that the camp keeps on hand at all times. There is no need to bring these medications with you.

**Pick-up times:** On the last day of camp, please come to pick-up your child at 6pm. There will be a brief presentation on the patio. Please do not come early... but do not be late. If someone else is coming to pick up your child, please notify the camp.

## **Notifications and Alerts**

All parents/guardians will be notified if HHC staff administers medications other than what the child has brought with them. We also alert at high fevers and emergency situations.

If your child has a wet bed, no one other than the counselor will know about it. In the morning, a counselor will check all beds in the cabin for a wet bed. The bedding is then washed, the mattress sanitized and the bed re-made before your child and other campers return to the cabin. The counselors will also have extra bedding on hand to make the bed if the laundry is not completed. If your child is prone to wetting the bed, please let one of the counselors know privately and he/she will wake the child frequently during the night to take them to the restroom. We will do everything that we can in order to make the situation comfortable for both you and the child.

Hidden Hollow staff is trained on how to deal with homesick campers and will plan accordingly for the child's particular situation. If your child is homesick, HHC will notify you to alert you of the problem he/she is having. We discourage the child from calling home and try to get them interested in other activities. HHC personnel will keep you informed of the child's progress through the homesick period.

Camp rules are enforced throughout the entire session. Parents are notified when their child breaks one of the more serious rules and will be made aware of any discipline that was taken (usually removal from an activity). In rare cases, parents will be asked to come and pick up their child if he/she has continually misbehaved. This decision is solely left to the Camp Director(s).

## **Parent Checklist**

**CAMP FEES:** Jr. Camp Fees are \$110.00. Due to limited space, all payments must be in at the time of registration. In case of a need to cancel, all but \$25.00 will be refunded if the cancellation is before August 6, 2010. Cancellations after August 6, 2010 will result in no refund. Your cancelled check will be confirmation of payment. Please make all checks payable to FRIENDLY HOUSE.

**HEALTH SCREENING:** Each child is to have had a physical within two years prior to attending camp. In addition, we will have a Health Screening at the Kiwanis cabin on the first day of the session before your child goes to his/her cabin.

**MEDICATION:** If your child has prescription medication to take, the container must have specific directions of a licensed physician including directions on an original prescription bottle. Over-the-counter drugs must be plainly marked with specific instructions and your child's name. You should give this to the cabin counselor on the first day of your session. If the medication is to be refrigerated please give it to the staff at the health screening. No camper is to keep medication on his or her person unless it is for emergency use and ordered by his or her physician. If any type of injections are required by your physician during the time your child is at camp, there will be an additional charge.

**CLOTHING:** Camp is a good place to wear out old clothes. All that is necessary is that the campers are neat and clean. Long pants are important because of the cool evenings. A warm jacket or sweatshirt, lightweight raincoat and boots are also recommended. Campers should not bring open-toed sandals. Tennis shoes are preferred. All items should be plainly marked with the campers name.

**NECESSITIES:** All campers should have a sleeping bag or two heavy blankets and a sheet. A pillow is suggested for those who are accustomed to one. Towels and washcloth, shoes, toothbrush and toothpaste, pajamas, bathing suit and a flashlight are also needed. We cannot be responsible for lost items. There will be a lost and found box for the camper or parent to go through at the end of the session.

**THINGS NOT TO BRING:** Food, TV's video game systems, music players (including radios, cassette, CD and iPod/MP3 players), fans, expensive jewelry, cell phones, laptop computers, pets and tobacco products are not permitted. These items will be held until Saturday morning and then returned to the parent. Please do not mail food, candy, etc. NO FOOD permitted in cabins!

**CAMPER MAIL:** Due to the short session of Jr. Camp, your child may not receive any mail that you send to him or her in time. However, if you would like to write your child letters or cards, please give them to the counselor and he or she will make sure the child receives them daily.

## 2010 Jr. Camp Application Hidden Hollow Camp

(Please Print)

Name: _____		
(Last)	(First)	
Address: _____		
City: _____	State: _____	Zip: _____
Telephone # (____) _____ Emergency Alt. # (____) _____		
I will be _____ years old when attending camp.	Sex:     MALE	FEMALE

Space is limited, please get your registration and payment in as soon as possible.

**All registrations and fees must be turned in and paid in full by August 6, 2010**

My child will be attending Hidden Hollow Jr. Camp:

- August 15 – 17, 2010  
**Cost for this session in \$110.00**  
Check in August 15 at 4:00 pm  
Check out August 17 at 6:00 pm

I give my son or daughter permission to ride horses while at camp.

YES

NO

Signature: \_\_\_\_\_

Due to limited space, all payments must be in at the time of registration. If you need to cancel, all but \$25.00 will be refunded if the cancellation is before August 6, 2010. Cancellations after August 6 will result in no refund.

**I have enclosed my check in the amount of \$ \_\_\_\_\_**

Make all checks payable to Friendly House and include the camper(s) name on the check.

**NO CASH PLEASE!**

**FOR OFFICE USE ONLY.**

**Please mail all registrations to:**

Friendly House  
380 N. Mulberry St.  
Mansfield, Ohio 44902

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)	
		Pneumococcal (PCV)	
*Mumps, measles, rubella (MMR)		Varicella (chicken pox)	
*Polio		<input type="checkbox"/> Had chicken pox	
Hepatitis B		Tuberculosis (TB) test	
Hepatitis A		<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 sleepwalking?
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: