

HIDDEN HOLLOW CAMP REGISTRATION AND INFORMATION

With archery, horseback riding and swimming in the day and skits, campfires and dances at night, what could be more fun? These are just some of the activities offered at Hidden Hollow Camp.

Away from traveled roads and the bustle of city life, Hidden Hollow Camp has 572 acres of streams, woods and scenic hills. The camp's Sky High Lodge provides one of the most panoramic views in Richland County of the beautiful Possum Run Valley.



With a swimming pool, tennis court, arts and crafts area, dramatics playhouse, trail rides, nature trails, archery range, two ponds, large football field for sports and games and woodshop there are many activities for campers to get involved. Campers have the opportunity to create their own day by selecting



from the wide range of activities.

Rustic cabins are the summer homes for campers. The cabins are located in two camps, one for the boys and one for the girls. In addition to the 12 log-sided cabins, there are two dorm-sized cabins that house their own restroom facilities. There are restroom and washing facilities in both camps.

Every camper is an important citizen at Hidden Hollow Camp. Children of the same age are placed in the cabins together. 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.

A well rounded program permits all Hidden Hollow Campers a chance to participate in every phase of camp life and achieve every goal set by themselves and the camp. 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 are a part of

their lives as they share their experiences with others. Campfires burn while stories are told, and counselors and campers sing and participate in fun activities. Campers enjoy campfires, swimming, canoeing, hayrides, fishing, tennis, horseback riding, archery, arts and crafts, woodshop and scores of other activities – including the Hidden Hollow Hop.



The Friendly House Director has over 40 years experience at HHC and Friendly House and the Camp Director has over 17 years combined at both facilities. All camp staff is carefully selected and annually undergoes extensive background checks. Many have been with Hidden Hollow since they were young campers and they use their past experiences to give present campers a new perspective on camp life.

Hidden Hollow Camp is for boys and girls ages 8-15. It is accredited by The American Camp Association and adheres to very 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.



ON SATURDAY APRIL 21, FROM 2-4PM, THERE WILL BE AN OPEN HOUSE FOR ANY FAMILY INTERESTED IN HIDDEN HOLLOW CAMP. COME TOUR THE GROUNDS AND GET YOUR QUESTIONS ANSWERED BY STAFF. NO RSVP IS NEEDED. THE OPEN HOUSE WILL BE "RAIN OR SHINE". FOR MORE INFORMATION, CALL FRIENDLY HOUSE AT 419-522-0521

PARENT INFORMATION

Camp Fees: Camp fees for 2018 are \$300 each session/week if paid in full with the return of the registration form. If you pay using the partial payment plan, a \$50 registration fee is required to hold your child's spot at camp. **There will be a \$15 increase in fees if you use the partial payment plan.** Make sure to check your child's confirmation email or postcard for any additional balance due.

If you need to cancel your week of camp, all but \$50 will be refunded if we are given two weeks notice (14 days). If you cancel after that time or on the first day your child is scheduled to attend, there is NO REFUND. *For example, if your camper is scheduled to attend camp the week of July 22 and you need to cancel, you must let us know by July 8 in order to receive the refund of all but \$50.* Friendly House does not accept credit card payments and will accept only check or money order. Please make all checks payable to FRIENDLY HOUSE and put the camper(s) name on the check. All payments are due by June 8, 2018.

Health Screening and Disability: Every camper is to have a physical within one year prior to attending camp and be in good physical and mental health to attend camp. In addition, we have a basic health screening on Sunday between 3-4pm. Parents must be present during health screening. Please contact the camp if you have any questions regarding your child's ability to enjoy camp, through disability or restriction.

Medication: If your child has prescription medication to take, the container must have administration directions from a licensed physician on the ORIGINAL bottle. Over-the-counter drugs must be plainly marked with specific instructions and your child's name. You should give all medications to the cabin counselor on Sunday. If the medication needs to be refrigerated, please bring it to the Trading Post. All medication is locked in the office. No camper is to keep medication on their person or in the cabin unless it is for emergency use or ordered by his or her physician. If any type of injections is required by your doctor for your child during their time at camp, an extra fee will be charged.

Trading Post: Remember to deposit camper spending money in the Trading Post on Sunday when you arrive. The Trading Post is located in the basement of the Sky High Lodge. Campers may deposit up to \$20. Money not spent during the week will be returned on Saturday morning.

What to Bring -- Clothing and Necessities: Camp is a great place to wear out old clothes. Long pants are needed for cool evenings and horseback riding. A warm jacket, sweatshirt, light-weight jacket/raincoat and boots are recommended. Campers should not bring open-toed sandals or shoes. Tennis shoes are preferred, and close-toed shoes are required for horseback riding. On Friday night, the camp has the weekly Hidden Hollow Hop and campers are encouraged to dress nice for the dance. All clothes and shoes should be clearly marked with the campers name. All campers should have a pillow, sleeping bag or two heavy blankets and a sheet. It can get chilly at night at camp, so please plan bedding accordingly. Towels, washcloths, shoes, toothbrush and toothpaste, pajamas, bathing suit and flashlight are also needed. We are not responsible for lost items. There is a lost and found box in the dining hall that campers can go through, and lost and found is held up daily at mealtime.

What NOT to Bring: Cell phones, music and MP3 players, food, video games, fans, expensive jewelry, laptops, tablets or TV's, pets, firearms, alcohol, tobacco and e-cigarettes and vapor products are NOT PERMITTED. If a camper wants to bring personal sports equipment it must be cleared by camp staff. All these items will be held until Saturday morning and then returned to the parents. If your child brings these items and they are lost, Friendly House is not responsible for these items. Due to allergies, please do not send food.

Pick-up Time: Remember to pick-up your child on Saturday at 10am. Please do not come early... but don't be late. If someone else is picking up your child, please notify the camp before Saturday. Campers staying more than one week must leave on Saturday and return the next day. No camper belongings will stay on camp grounds on Saturday evening.

Mailing Address:

DO NOT SEND REGISTRATION FORMS TO THE CAMP. All forms must be sent to Friendly House. When in session, the camp mailing address is – *Hidden Hollow Camp, 5127 Possum Run Rd., Bellville, Ohio 44813.* Please make sure to put your child's name on the mail. We also can receive FedEx, UPS, etc. The camp phone number is 419-892-2007. Campers do not have access to the phone or email while at camp. Please do not send a cell phone with your camper. All cell phones will be kept in the office during the week.

FIRST DAY OF CAMP PROCEDURES

Directions to HHC

1. If you are traveling I-71 North or South, use exit #169 Mansfield/Route 13 and turn left (please note that you will turn left coming from both directions, north and south). If you are coming from Mansfield, take Route 13/S, Main St. to the overpass at I-71.
2. At the stoplight in front of the Wal-Mart Supercenter turn right onto Possum Run Rd. Follow Possum Run Rd. seven miles until you reach camp. HHC will be on your left. **The camp address is 5127 Possum Run Rd., Bellville, Ohio 44813**

Arrival:

1. All cars must follow the traffic patterns while at camp. Someone will be in the parking lot directing traffic and assigning parking spots. Please adhere to all speed limits and park where assigned.
2. It is important that an adult accompany campers since there is no supervision until your child is in his/her cabin and an adult may be needed at the health screening. For the safety of others, please do not bring weapons, dogs or other pets when you come to camp. Cabin assignments will not be given out to anyone before 3pm. Cabin assignments will be given out at 3pm at the Woodshop. You will also receive your Trading Post Card there.
3. Please give all medications that your child is taking to the Senior Counselor. They will provide you with a label to mark the frequency and dosage.
4. Make your way to the basement of the Sky High Lodge for camper Health Screening and to bank your money in the Trading Post. Deposits can be made up to \$20. The Health Screening will take place to the left of the Trading Post in the Arts and Crafts area.

After all is completed, please make your way back to the cabins. From here parents can leave their children with the counselors and say their goodbyes. The whole camp will then meet on the patio for Counselor introductions, a camp tour and the swim test. In order for your child to swim in the deep end of the pool, they must take the swim test on Sunday.

MISCELLANEOUS INFORMATION

Special Day themes for the 2018 camping season: Week #1 – Color War (Red, White and Blue), Week #2 – Space Day, Week #3 – Medieval Times Day, Week #4 – Cartoons and Comics Day, Week #5 – Blast from the Past Day. Special Days usually fall on a Thursday and the daily activities are centered on each theme. Campers are welcomed to bring costumes. There is no Special Day the last week of camp.

Parents/guardians will be notified by HHC staff in all emergency situations, if your child is sick and vomiting, or has a fever. A log is kept in the office of all medications/treatments given to the campers during the summer and kept on file for future reference. Hidden Hollow Camp staff is trained on how to deal with homesick campers and will plan accordingly for the camper's particular situation. If your child is homesick, HHC will notify you to alert you of the problem he/she is having and any situations after the first call. We discourage the child from calling home and try to get them interested in other activities.

If your child has special diet or medical needs, please call the camp prior to enrollment to make sure that we can accommodate all issues pertaining to the child. Hidden Hollow does not discriminate against any child, but we want to make sure that every child will get the same camp experience. **Hidden Hollow is not an allergen-free facility.**

Confirmation of your child's camp registration will be either emailed to you, or a postcard will be sent by mail. Emails will be sent to the address listed on the registration form. To avoid confusion, please print email address clearly and check your spam folder and/or junk mail folder if you have not received any type of confirmation. Your cancelled check is your receipt of payment and confirmation of registration. Confirmations may take up to three weeks.

Camp rules are read on Sunday evening and enforced throughout the entire week. 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 evening 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 for the Camp Director(s).

NEWS AND NOTES FOR HIDDEN HOLLOW CAMP

The Friendly House and Hidden Hollow Camp, invites you to enter a design for an official HIDDEN HOLLOW CAMP t-shirt. The winning design will be used on t-shirts sold in the Trading Post for the 2018 camping season. All entries must be in by May 4, 2018.

To submit a design entry:

- The design must include the text "Hidden Hollow Camp" and be a one-color design. Other aspects of camp may be included on the shirt. Please do not use the year in the design.
- PDF formats only.
- Submit entries and a photo of yourself to hhc.friendlyhouse@gmail.com by May 4. Winning designer will be notified by May 18, 2018
- We will choose three winners and all winners will receive \$100.
- All designs become the property of Friendly House and Hidden Hollow Camp and may be altered for design suitability.

Did you know that Hidden Hollow runs a Jr. Camp program for boys and girls ages 6-8 years old. This program is held after the regular camping season and is a three day/two night adventure and is the perfect introduction to Hidden Hollow Camp. Jr. Camp is August 12-15, 2018 and the cost is \$125. Registration forms will be available online April 13, 2018

You can donate to Friendly House every time you go to Kroger or purchase online from Amazon! Sign up at kroger.com/communityrewards and look for FRIENDLY HOUSE and at smile.amazon.com and search for FRIENDLY HOUSE ASSOCIATION (Mansfield, OH). Percentages of your purchases will go to help support the Friendly House!

The Hidden Hollow OPEN HOUSE is scheduled for Saturday, April 21 from 2-4pm. This is a "rain or shine" event and is the perfect opportunity to tour the camp and get your questions answered by the staff. We will be taking camp registrations during the Open House, but keep in mind that some weeks might be full by the time the Open House comes around. Payments will be accepted by check or exact cash. HHC is first-come/first-serve on registration forms, so DO NOT WAIT to turn in your forms. There is no way to know which weeks will fill up first, so don't delay. Get your applications in right away!

Do not mail your camper registration forms to the camp. Mail all registrations and payments to: **The Friendly House, c/o Hidden Hollow Camp, 380 N. Mulberry St., Mansfield OH 44902**

2018 HIDDEN HOLLOW CAMP REGISTRATION

NAME:	(LAST)	(FIRST)
ADDRESS:		
CITY:		STATE: border-bottom: 1px solid black;">
	please circle -- home, work, cell	please circle -- home, work, cell
PREFERRED PHONE #:		EMERGENCY ALT. #: border-bottom: 1px solid black;">
BIRTHDATE:		AGE WHILE AT CAMP: border-bottom: 1px solid black;">
		SEX: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
PARENT EMAIL ADDRESS:		
(OPTIONAL. Please print email clearly. This email address will be used to confirm your child's registration. Please make note that electronic confirmation will come from a "friendlyhouseonline.com" email and may be delivered to "Junk/Spam Mail").		

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

	WEEK	CABIN MATE
<input type="checkbox"/>	JULY 1-7, 2018	
<input type="checkbox"/>	JULY 8-14, 2018	
<input type="checkbox"/>	JULY 15-21, 2018	
<input type="checkbox"/>	JULY 22-28, 2018	
<input type="checkbox"/>	JULY 29-AUG. 4, 2018	
<input type="checkbox"/>	AUGUST 5-11, 2018	

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

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

FEES AND PAYMENT

Save money by paying camp fees in full. If making payments, a \$50 registration fee is required and will hold your child's spot for camp. ***There is an increase in fees for using a partial payment plan.*** For more information regarding fees, please refer to the "CAMP FEES" section of the Parent Information page. **ALL PAYMENTS ARE DUE BY JUNE 8, 2018.**

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

CHECKS ONLY.
 PLEASE DO NOT SEND CASH.
All payments are due by June 8, 2018

In case of cancellation, all but \$50 will be refunded by Friendly House if given 14 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, closed-toed 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
Date

CAMPER NAME: _____ AGE AT CAMP: _____ SEX: M F

HIDDEN HOLLOW CAMP -- Health History and Emergency Information
Application will not be processed without this information (page 2 of 4)

Mail this form and registration to:
FRIENDLY HOUSE - c/o Hidden Hollow Camp
380 N. Mulberry St.
Mansfield, Ohio 44902

This form to be filled out by parent/guardian(s) of minor who are to be contacted in case of illness/injury to camper while at Hidden Hollow Camp

Full Name of Camper: _____

Home Address: _____
(Street Address) (City) (State) (Zip)

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

1 - Custodial Parent/Guardian: _____ Relationship: _____

Preferred Phone: _____ Alternate Phone: _____
please circle -- home, work, cell please circle -- home, work, cell

Address: _____
(if different from above) (City) (State) (Zip)

2 - Custodial Parent/Guardian: _____ Relationship: _____

Preferred Phone: _____ Alternate Phone: _____
please circle -- home, work, cell please circle -- home, work, cell

If parent(s)/guardian(s) cannot be reached, please notify: _____
(Name)

Phone: _____ Relationship to Camper: _____
please circle -- home, work, cell

Medical/Accident Insurance Information: COPIES OF INSURANCE CARDS MAY BE SUBMITTED

This camper is covered by family medical/hospital insurance. YES NO (Please submit cards if accident insurance is different from medical)

This camper is covered by accident insurance. YES NO

Insurance Company: _____ Group # _____

Insurance Co. Address: _____

Subscriber: _____ Policy # _____

Allergies:

 My child has no known allergies Although not an allergy, please mark if your child is a vegetarian

 My child is allergic to the following:

Please list allergies below with description of reaction and management of reaction

FOOD ALLERGIES (for severe food allergies and/or special diets, please contact the Camp Director)

MEDICATION ALLERGIES

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

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 to make available to your child.

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

CAMPER NAME: _____ AGE AT CAMP: _____ SEX: __M__F

HIDDEN HOLLOW CAMP -- Health History and Emergency Information
 Application will not be processed without this information (page 3 of 4)

Mail this form and registration to:
FRIENDLY HOUSE - c/o Hidden Hollow Camp
 380 N. Mulberry St.
 Mansfield, Ohio 44902

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	Date Started	Reason for Taking	Time Given	Amount or Dosage	How is it given	Is it refrigerated
			<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 _____			

Immunization History:

We must have date of last tetanus shot and/or booster. Provide the most recent month and year for each immunization. Starred (*) immunizations must be current. Copies of records for the schools from physicians, state or local government are acceptable for attachment. If your child has not been fully immunized, please sign below.

IMMUNIZATION	DOSE 1 Month/Year	DOSE 2 Month/Year	DOSE 3 Month/Year	DOSE 4 Month/Year	DOSE 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
**Tetanus Booster (dT) or (TdaP)						
Mumps, Measles, Rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae Type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox) OR Child had the Chicken Pox Date: _____						
Meningococcal Meningitis (MCV4)						
Tuberculosis (TB) test	DATE: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				

If your camper has not been fully immunized, please sign below: I understand the risks to my child from not being fully immunized.

Parent/Legal Guardian Signature _____

Date _____

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: _____

CAMPER NAME: _____ AGE AT CAMP: _____ SEX: ___M ___F

HIDDEN HOLLOW CAMP -- Health History and Emergency Information (continued)
Application will not be processed without this information (page 4 of 4)

Mail this form and registration to:
FRIENDLY HOUSE - c/o Hidden Hollow Camp
380 N. Mulberry St.
Mansfield, Ohio 44902

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)? __ YES __ NO
- 2. Ever been treated for an eating disorder or emotional/behavioral difficulties? __ YES __ NO
- 3. During the past 12 months, seen a professional to address mental/emotional health concerns? __ YES __ NO
- 4. Had a significant life event that continues to affect the camper's life? __ YES __ NO
(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 explain "Yes" questions below. For travel outside US, please list dates and countries visited.

Has/does the camper:

- | | | | |
|--|-----------|--|-----------|
| 1. Ever been hospitalized? | __ Y __ N | 13. Had mono during the last 12 months? | __ Y __ N |
| 2. Ever had surgery? | __ Y __ N | 14. If female, have problems with periods? | __ Y __ N |
| 3. Have a recurrent/chronic illness? | __ Y __ N | 15. Have problems with sleepwalking? | __ Y __ N |
| 4. Had a recent infectious disease? | __ Y __ N | 16. Ever had back/joint problems? | __ Y __ N |
| 5. Had a recent injury? | __ Y __ N | 17. Have a history of bedwetting? | __ Y __ N |
| 6. Had asthma/wheezing/shortness of breath? | __ Y __ N | 18. Have problems with diarrhea/constipation? | __ Y __ N |
| 7. Have diabetes? | __ Y __ N | 19. Have any skin problems? | __ Y __ N |
| 8. Had seizures? | __ Y __ N | 20. Have any heart/blood pressure problems? | __ Y __ N |
| 9. Had headaches/migraines? | __ Y __ N | 21. Ever had a head injury? | __ Y __ N |
| 10. Had fainting or dizziness? | __ Y __ N | 22. Wears glasses, contacts, protective eyewear? | __ Y __ N |
| 11. Ever passed out during or after exercise? | __ Y __ N | 23. Traveled outside country in past 9 months? | __ Y __ N |
| 12. Ever had chest pains during or after exercise? | __ Y __ N | 24. Is your child a vegetarian or have a special diet? | __ Y __ N |

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 program and activities. This includes any disability, restrictions or adaptations that should be made.

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 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. This health history is correct and reflects the health status of the camper to whom it pertains. The person described has permission to participate in all Hidden Hollow Camp activities noted within the Parent Information and on the camp website, except as noted by us and/or an examining physician. We give permission to the physician selected by the Camp Director(s) to order x-rays, routine tests, and treatment related to the health of our child for both routine health care and in emergency situations. If we cannot be reached in emergency, we give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. We understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. We understand the camp fee does not include accident insurance and that no liability is assumed by Friendly House.

BOTH CUSTODIAL PARENTS AND/OR LEGAL GUARDIANS MUST SIGN!

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____