

# Hidden Hollow Jr. Camp Application

**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 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.

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



## Parent Checklist

**Camp Fees:** Jr. Camp Fees are \$125.00. Due to limited space, all payments must be paid in full 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 3, 2018. Cancellations after August 3 will result in no refund. Your cancelled check will be confirmation of payment. Please make all checks payable to FRIENDLY HOUSE.

**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.

**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.

**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 pre-write your child letters or cards, please give them to the counselor and he or she will make sure the child receives them daily.

## **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. The camp address is: 5127 O'Possum Run Rd., Bellville, OH 44813

**Drop-off and Health Screening:** Jr. Camp will open at 3:00pm 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.

**Pick-up times:** On the last day of camp, please come to pick-up your child at 5pm. 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**

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.

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.

If your child has special 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 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.

Confirmation of your child's camp registration will be sent by postcard. Your cancelled check is your receipt of payment.

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).

## 2018 Jr. Camp Application Hidden Hollow Camp

Name: _____		
(Last)		(First)
Address: _____		
City: _____	State: _____	Zip: _____
Telephone # (____) _____ Emergency Alt. # (____) _____		
Birthdate: _____	Age at HHC: _____	Sex: ___M ___F
Parent Email Address: _____		
(An email will be sent to you for confirmation of camp by a "friendlyhouseonline.com" email. Please make sure to check your junk/spam folder for confirmation. Confirmations may take up to three weeks)		

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 July 27, 2018

My child will be attending Hidden Hollow Jr. Camp:

- August 12-14  
**Cost for this session in \$125.00**  
 Check in August 12 at 3:00 pm  
 Check out August 14 at 5:00 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 3, 2018. Cancellations after August 3, 2018 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!**

<b>FOR OFFICE USE ONLY.</b>	
Amt. Pd. _____	
REC # _____	Initials: _____

***Please mail all registrations to:***

The Friendly House  
 c/o Hidden Hollow Camp  
 380 N. Mulberry St.  
 Mansfield, OH 44902

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)

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MEDICATION ALLERGIES

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

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**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.**

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

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**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 |

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**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.

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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: \_\_\_\_\_