

2010 HIDDEN VALLEY DAY CAMP REGISTRATION FORM

Please type or print using a separate form for each participant.

Campers Name _____		M/F _____
Address _____		
City _____	State _____	Zip _____
Home Phone _____	Other Phone _____	
Email _____		
Emergency Contact Name _____	Phone _____	

DATES OF CAMP REQUESTED

_____ Week 1 – July 19th – 23rd (Registration Deadline 7/9/10)

_____ Week 2 – August 2nd – 6th (Registration Deadline 7/23/10)

PARENTS/GUARDIANS MUST SIGN THE FOLLOWING

I am giving my child permission to participate in the programs and activities provided at camp. Any photos, video recordings, or interviews taken at camp or during activities in which my child appears may be used for promotion, including Hidden Valley's web site free of claims. I understand that if my child's behavior/conduct threatens the safety of other campers, my child may be dismissed from camp, whereby I am responsible for transportation, with no refund of fees.

Parent/guardian signature _____ Date _____

HOW TO REGISTER

1. Complete the registration form and mail it with your \$210.00 fee to Hidden Valley Day Camp 1 Craighead Drive, Hidden Valley, PA 15502. If paying by check please note the campers name and camp week in the memo line.
2. All fees are due at the time of registration.
3. All registrations are due 1 week prior to the start of your week of camp.
4. Call Hidden Valley at 814-443-800 Ext. 269.
5. If the minimum camp number is not reached for each week you will be notified 1 week before the start of your week of camp. At this time you will be eligible for a full refund or a choice of different week of camp.

REFUNDS

1. If your camper is unable to attend camp after submitting full payment. You must submit your request in writing to Hidden Valley. All refunds will be subject to a \$25.00 processing fee.

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING

Credit Card Type _____ Card Number _____

Security Code _____ Expiration Date _____

Name on Card _____

Billing Address _____

I authorize Hidden Valley Four Seasons Resort to charge the above named card the amount of \$150.00.

Signature _____ Date _____

Hidden Valley Four Seasons Resort
Health History and Examination Form

The following Health history must be filled completed by a parent/guardian. Updates are required annually. The Health Exam must be completed by licensed medical personnel. Complete information will provide us with helps us identify appropriate health care procedures.

This form is designated to help us provide a safe and enjoyable camp experience. Completed forms are required upon registration. Campers will not be accepted for camp sessions without a health history form that has been signed by a parent/guardian.

Name: _____ Birth Date: _____ Age: _____ M/F
 Last First Initial

Parent or Guardian: _____

Home Address: _____ Phone: _____
 Number/Street City St. Zip

Business Address: _____ Phone: _____
 Number/Street City St. Zip

Second Parent/Guardian: _____

Home Address: _____ Phone: _____
 Number/Street City St. Zip

Business Address: _____ Phone: _____
 Number/Street City St. Zip

If not available in an emergency, notify: _____ Relationship: _____

Home Address: _____ Phone: _____
 Number/Street City St. Zip

In case of divorce or separation, with whom does the camper live?
Name _____ Relationship _____
Are their any specific custody or guardianship issues or arrangements we should be aware of? _____

Insurance Information:
Is the participant covered by family medical/hospital insurance? ____ Yes ____ No
Carrier or plan name: _____ Policy or ID #: _____
Carrier Address: _____ Group Plan ID#: _____

Name of family physician _____ Phone: _____

Name of family dentist/orthodontist: _____ Phone: _____

ATTENTION! THIS BOX MUST BE COMPLETED FOR ATTENDANCE.

The health history provided for the above named is correct to best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. Emergency Authorization: I hereby give permission to medical personnel selected by Hidden Valley to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Signature of parent/guardian of camper: _____ Date _____

HEALTH HISTORY

The following information should be completed by the parent/guardian. All information is confidential and will be shared only as necessary to provide appropriate health care.

Allergies (list all known)

Describe reaction

Medication Allergies

Food Allergies

Other Allergies (Insect stings, hay fever, asthma, animal, etc)

Medications

Please list ALL medications (including over the counter as well as prescription drugs) taken routinely. Medications brought to camp must be in the original packaging that identifies the name of the medication, dosage, and frequency as well as the prescribing physician (if a prescription drug).

_____ **NO** medications on a routine basis.

_____ **YES** medications as follows: (attach additional page if necessary)

Med # 1 _____ Dosage _____ Specific times taken each day _____
Prescribed for _____

Med # 2 _____ Dosage _____ Specific times taken each day _____
Prescribed for _____

Med # 3 _____ Dosage _____ Specific times taken each day _____
Prescribed for _____

Restrictions

The following restrictions apply to this person:

Dietary

_____ No red meat _____ No pork _____ No eggs
_____ No poultry _____ No seafood _____ No dairy
_____ No nuts _____ Other (describe) _____

Explain any restrictions to activity: _____

In this space please provide any information about this persons behavior and physical, emotional, or mental health about which we should be aware.

General Questions (Explain any “yes” answers below)

	YES	NO
1. Had any recent injury, illness, or infectious disease?		
2. Have a chronic or recurring illness/condition?		
3. Ever been hospitalized?		
4. Ever had surgery?		
5. Have frequent headaches?		
6. Ever had a head injury?		
7. Ever been knocked unconscious?		
8. Wear glasses, contacts, or protective eyewear?		
9. Ever had frequent ear infections?		
10. Ever passed out during or after exercise?		
11. Ever been dizzy during or after exercise?		
12. Ever had chest pain during or after exercise?		
13. Ever had seizures?		
14. Ever had high blood pressure?		
15. Ever been diagnosed with a heart murmur?		
16. Ever had back problems?		
17. Ever had problems with joints (e.g. knees, ankles)?		
18. Have an orthodontic appliance being brought to camp?		
19. Have any skin problems?		
20. Have diabetes?		
21. Have asthma?		
22. Had mononucleosis in the past 12 months?		
23. If female, have an abnormal menstrual history?		
24. Ever have an eating disorder?		

Please explain any “yes” answers, noting the numbers of the question(s).

Communicable Disease: Immunizations: Please give dates of immunization for the following:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		___	___	___	___	___	___
TD		___	___	___	___	___	___
Tetanus		___	___	___	___	___	___
Polio		___	___	___	___	___	___
MMR		___	___	___	___	___	___
OR measles		___	___	___	___	___	___
OR mumps		___	___	___	___	___	___
Or rubella		___	___	___	___	___	___
Homophiles influenza B		___	___	___	___	___	___
Hepatitis B		___	___	___	___	___	___
Chicken Pox		___	___	___	___	___	___

Of the following has this person had?

	YES	NO
Chicken Pox		
Measles		
German Measles		
Mumps		
Hepatitis A		
Hepatitis B		
Hepatitis C		
TB		

HEALTH FORM DATE: _____

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

I have examined (Name of camper) _____.

(NOTE: A physical exam is required within 24 months of camp attendance. A copy of a school or sports exam, or other exam within 24 months of camp will suffice. A new exam is not required if this form is being completed for a program attended within that period of time.)

Height: _____ Weight: _____ Blood Pressure: _____

In my opinion, the above individual _____ is able to participate in a physical active camp program.
_____ is **NOT** able to participate in a physical active camp program.

The applicant is under the care of a physician for the following condition(s).

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed dietary restrictions or meal plans _____

Activities to be or restricted _____

Additional information for health care provider's _____

Signature of Licensed Physician _____

Printed _____ Title _____

Address _____

Phone _____ Date _____ *By _____

Initial if completed by nurse or PA



2010 CHILDREN'S DAY CAMP
LIABILITY RELEASE AND INDEMNITY AGREEMENT
PARENT/GUARDIAN FORM

THIS IS A LIABILITY RELEASE AND WAIVER OF RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.

I acknowledge that swimming, boating, archery, horseback riding, fishing, golfing, biking, basketball, volleyball, wiffleball, kickball, and other camping activities (hereinafter collectively "Camping") may be hazardous activities and that I have made a voluntary choice to allow my child to participate in those activities despite the risk that they present. In consideration of my child being permitted to participate in Camping, I agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from my child's participation in Camping.

Initial Here _____

I acknowledge that Camping involves inherent and other risks including, but not limited to, drowning; variations in steepness of terrain; uneven terrain; rocks; trees; wet spots; defective equipment; collisions with other horses and riders, bikers, golfers, and ballplayers; golf balls; basketballs; wiffleballs; volleyballs; bats; and golf clubs. I understand that there are inherent and other risks involved in Camping and that injuries are a common and ordinary occurrence and my child and I freely assume these risks.

Initial Here _____

I further agree to RELEASE FROM LIABILITY and to INDEMNIFY, DEFEND, AND HOLD HARMLESS Buncher Resort & Hospitality Group, LLC, The Buncher Company, and their respective owners, agents, members, shareholders, directors, officers, employees and affiliated companies (hereinafter collectively "Hidden Valley Resort") for any claim; liability; damage, injury, or death to my child; or damage to my child's property; or for any cost and expense, including attorney's fees and expenses, whether caused by Hidden Valley Resort's **GROSS NEGLIGENCE, ORDINARY NEGLIGENCE, RECKLESSNESS, AND/OR CARELESSNESS** or for any other reason, in any way connected with my child's preparation or practice for participation in Camping.

Initial Here _____

I, the undersigned, have carefully read and understood this agreement and all of its terms. I understand that this is a RELEASE FROM LIABILITY which will legally PREVENT me or any other person on my behalf from filing suit or making any other legal claim for damages in the event of my child's death or any injury to my child. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives.

Initial Here _____

I hereby give Hidden Valley Resort and any professional photographer hired by Hidden Valley Resort the absolute right and permission to copyright, publish and/or sell or resell photographic portraits or films of my child, in which he/she may be included in part or whole, for art, advertising, trade or any lawful purpose whatsoever. I hereby waive any right that I may have to inspect, improve and/or approve the finished product of the advertising copy that may be applied.

Initial Here _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Hidden Valley Resort, but also to release, defend, and indemnify Hidden Valley Resort from any and all liabilities, claims, and expenses, including attorney's fees and expenses, resulting from any **GROSS NEGLIGENCE, ORDINARY NEGLIGENCE, RECKLESSNESS, AND/OR CARELESSNESS** of Hidden Valley Resort, incident to his/her participation in Camping for himself or herself, myself, my spouse, our heirs, assigns, and next of kin.

PRINTED NAME OF MINOR: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

DATE: _____

Staff Initials _____

Valley Day Adventure Camp

SUGGESTED PACKING LIST

- Rain Gear (All activities happen rain or shine)
- Swim Suit (Swimming will be outdoors unless weather prohibits)
- Towel
- Sun Screen
- Water Bottle
- Sun Glasses
- Comfortable Shoes (Not sandals or flip flops)
- Any prescribed medications

Campers should wear comfortable clothes daily. The campers will be participating in various daily activities **OUTSIDE**.

Make sure that all items are clearly marked with the campers first and last name. Hidden Valley is not responsible for lost or stolen items.