



Application for Admission to Turtle Island Preserve Summer YOUTH Camp

Submit to: **Turtle Island Preserve** - Attention: Summer Camps - 2683 Little Laurel Rd. Boone, NC 28607

**do not use this application for Adult Workshops, Adult Camp, Family Camp or Father/Son Camp*

I wish to enroll my child for the following 2017 Summer Camp session:

- | | | | |
|--------------------------|--------------|--|--------------------|
| 1.) ___ Young Boys Camp | (age 7-10) | 7 days - \$750.00 - \$100.00 deposit | (June 25 – July 1) |
| 2.) ___ Older Boys Camp | (age 11-17) | 14 days - \$1450.00 - \$250.00 deposit | (July 2-15) |
| 3.) ___ Young Girls Camp | (age 8-11) | 7 days - \$750.00 - \$100.00 deposit | (July 16-22) |
| 4.) ___ Older Girls Camp | (age 12- 18) | 7 days - \$750.00 - \$100.00 deposit | (July 23-29) |

I understand that a nonrefundable deposit is due with this application and the remaining balance is due before June 1. Furthermore, I understand that if full payment is not received by June 1, it will be assumed that my child is not planning to attend, and her/his space may be given to another camper on our waiting list. I grant permission for my child to participate in all Turtle Island Camp activities. I fully understand that my child will be learning to use fire and sharp tools in order to learn certain skills. They will be hiking, swimming, interacting around horses and other farm animals, and playing in a rough wilderness environment. I fully understand that certain accidents may occur and I agree not to hold Turtle Island Preserve Camp, leaders, or staff liable in anyway whatsoever. In case of emergency, I authorize Turtle Island Preserve Camp staff to provide and or seek first aid, hospital, and professional care for my child.

Parent Signature: _____ **Printed name:** _____

Scholarship funds are available based on financial need. Please submit requests in writing along with application.

Camper Information-To Be Filled Out By Camper

- 1.) Why do you want to come to Turtle Island Preserve and what do you hope to get out of your experience?

- 2.) What activities, primitive skills, and crafts are you most excited about participating in and learning about?

- 3.) If possible, I would like to stay in the same primitive shelter as: _____
(We must receive a mutual request from this camper)
- 4.) Is there anything about attending camp that you are a little nervous about? _____

**I promise to conform to all the rules and standards of behavior at Turtle Island Preserve or face possible dismissal.*

Camper Signature: _____ **Printed name:** _____

Parent Information-To Be Filled Out By Parent/Legal Guardian

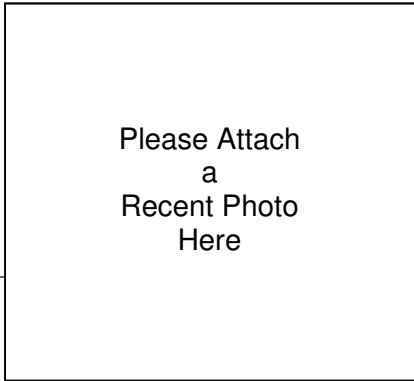
- 1.) Has your child ever been away from home overnight before? Y / N If so, for how long? _____
- 2.) Are both parents living? _____ Together? _____
- 3.) Please tell us what benefits you hope your child will gain from attending Turtle Island Preserve?

- 4.) Why does your child want to attend Summer Camp at Turtle Island Preserve?

- 5.) If your child is a new camper, how did you learn about Turtle Island Preserve?

- 6.) Does your child have any dietary restrictions/food allergies, medical conditions, pre-existing allergies, or currently on **any** medications? (If so, please list in detail) _____
- 7.) Does your child have any challenging behaviors we should be aware of? _____

(continued)



Camper Information

Camper Name: _____
 first middle last

Parent/Guardian Name: _____
 first middle last relationship to camper

Home Address _____
This is the address all primary correspondences will go to - as well as while camp is in session - unless otherwise notified.

*** Please note which adult(s) in the household should be addressed on the envelope:** _____

Home phone: _____ Work phone: _____

Parent's Cell: _____ Camper's Cell: _____

Parent's Email: _____ Camper's Email: _____

Secondary Address: _____
** If you already know you will be at an alternate address while your child is at camp, please indicate above.*

2nd Emergency Contact Person OTHER THAN PARENT: _____

Phone: _____ Relationship to Camper: _____

Describe your child's swimming level _____

Age at Arrival to Camp: _____ - M / F _____ - Return Camper Y / N - Date of Birth ____/____/____ Do you smoke? Y/N

Family Physician _____ Phone _____

Family Dentist or Orthodontist _____ Phone _____

Mother's Maiden Name _____ Fathers Name _____

Camper's Siblings: _____

Parent/Guardian

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Camper's School _____ Teacher _____

Address _____ City _____ State _____ Zip _____

Please attach a recent photo of camper to the upper right hand corner

(continued)



PARENT INFORMATION SHEET

To be printed legibly on by parent or legal guardian

In case of an emergency, whom should we contact if **YOU** *cannot* be reached?

Name: _____ Relationship to camper: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

TRAVEL PLANS

How will you be getting your child to and from Turtle Island Preserve Camp? Circle one:

Car Bus Plane Other: _____

If arriving by car, please refer to *our* specific driving directions to the check in point at our WEST ENTRANCE and plan to drop off your camper at 2 PM on Sunday.

If departing by car, your options are to either hike into base camp at 8AM to join for breakfast or arrive at 10AM at the same WEST entrance for pick up.

Please circle one: 8AM HIKE or 10AM PICK UP

(if you aren't sure yet about hiking in or waiting at the parking lot, you can leave that space blank)

By plane to Charlotte, N.C. (airport code CLT)

Arrival Date _____ Arrival Time _____

If your child requires transportation to and from camp there is an additional transportation fee of \$100 per trip

RETURN TRIP

Date of Departure _____ Departure Time _____

Airline _____ Flight # _____

Special travel details: _____

I give permission for my child: Child's Name to participate in all Turtle Island Preserve Summer Youth Camp activities. I understand that my child will be using many tools in order to learn woodcraft and other primitive skills, that accidents may occur; and, I will not hold the Turtle Island Preserve Camp or it's leaders liable. In case of emergency, I authorize camp leaders to provide or seek first aid, hospital, and professional medical care for my child. My signature also represents my consent to images of my child taken during camp activities to be used in promotional materials and the Turtle Island website photo gallery.

Printed name: _____ Signature: _____ Date: _____

Printed name: _____ Signature: _____ Date: _____

(continued)



CAMPER INFORMATION SHEET

To be filled out by camper

Name: _____ AGE at arrival to camp: _____

Birth Date: _____ Grade: _____ Return Camper: Yes or No

My school is: _____

School address: _____

I would like to share a shelter with my friend(s):

What summer *camp*s have you attended?

How did you hear about Turtle Island Preserve Summer Youth Camp?

What are you most looking forward to at summer camp?

What are you not looking forward to at summer camp?

What are the best things about you?

What are your interests and hobbies?

I have a friend that might be interested in visiting Turtle Island Summer Youth Camp and would like them to receive information about it:

Friend's Name: _____ Friend's Parents' Names: _____

Phone Numbers and email: _____

(continued)



Turtle Island Preserve, Inc. Agreement of Participants & Liability Release

I, the undersigned Participant, or parent of participant in **consideration** of the Turtle Island Preserve, Inc. instruction and experience in which I have voluntarily chosen to receive and participate, acknowledge and agree that:

1. I will be given **instructions**/materials designed to maximize the greatest practical degree of my health and safety.
2. I share in the responsibility for my health and safety during my participation in Turtle Island Preserve, Inc. activities and I voluntarily assume this responsibility.
3. I acknowledge and accept the risks of embarking on this project and adventure including potential damage to or loss of my property and damage to my person or loss of my life.
4. I am acting in reliance upon my **own judgment** and ability to determine if I am qualified to participate in these activities.
5. I certify that I am medically, physically, mentally, and emotionally **healthy** - sufficient to participate in the Turtle Island Preserve activities.
6. I certify that no **promise**, warranty, or representation has been made to me other than as set out in this written agreement concerning safety or liability.
7. I hereby bind myself, my guardians, attorneys-in-fact, heirs and assigns to **release**, make no claim against, and indemnify Turtle Island Preserve, Inc., its owner, employees, instructors and agents from all liabilities, losses, costs, damages, claims or causes of action of any kind arising from my participation in these activities or the negligence or intentional acts of the Turtle Island parties.

To **assist** me in executing my responsibilities, I agree to:

- A. Cooperate** in assimilating all instructions and materials that I receive.
- B. Comply** with all directions from Turtle Island instructors or employees.
- C. Act** with awareness that I have bound myself as set out above.

PHOTO RELEASE (optional):

Please initial here _____ to indicate your full consent for release of this participant's image to be used by Turtle Island for web/photo archive and promotional materials.

WARNING: Under North Carolina law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting exclusively from the inherent risks of farm animal activities. Chapter 99E of the North Carolina General Statutes.

WARNING: Under North Carolina law, there is no liability for an injury to or death of a participant in an agritourism activity conducted at this agritourism location if such injury or death results from the inherent risks of the agritourism activity. Inherent risks of agritourism activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. You are assuming the risk of participating in this agritourism activity."

I have read and **understand** this document and agree that it will bind me, my child and any of my representatives, including those set out above.

Legibly Printed Name of participant: _____

Signature of participant if 18 or older: _____ Date: _____

If under 18 years of age parent or legal guardian signature is required:

Printed name of legal guardian: _____ relationship to participant: _____ Date: _____

(continued)



Medical Information - please print clearly or type

Name - First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Circle One: Male / Female

Mailing Address: _____

Phone #(s): _____ Email Address: _____

Emergency Contact #1: Name: _____ Relationship: _____ Phone - Cell: _____ Home: _____ Work: _____
Emergency Contact #2: Name: _____ Relationship: _____ Phone - Cell: _____ Home: _____ Work: _____

Has your child been treated for head lice in the last 30 days? (circle 1) YES or NO

(All campers must be lice and nit free for at least 1 week prior to arrival day at camp.)

Medical History- if you answer 'yes' to any, please describe occurrences & list medications.

Epilepsy: ___ Diabetes: ___ Asthma: ___ (if you have asthma, please plan on bringing three FULL inhalers)
Heart disease: ___ Bee-sting allergy: ___ Anaphylactic shock: ___ Other allergies: _____

Describe what happens when contact is made with allergen: (rash, hives, anaphylaxis, etc) _____

When is the last time participant had an allergic reaction: _____

Known allergy to any medications: _____

List All Current Medications: _____

Date of last tetanus booster: _____ Vegetarian: Y/ N - Any other dietary needs, physical or psychological problems, which might affect the safety of yourself or other members of the group, or other information necessary for my care & treatment: _____

Insurance policy for health, hospitalization or medical care, Name of insurer:

_____ Policy # _____ Certificate/Group # _____

I verify that the above information is accurate and complete. In the event of my, or my child or ward's, injury or illness, I give the Turtle Island Preserve staff and the medical staff at the facility to which I or they may be transported permission to render the medical treatment that the providers in their discretion elect to administer.

Legibly Printed name of participant(s): _____

Signature of participant: _____ Date: _____

If under 18 years of age signature of parent/ legal guardian required: _____

Printed name(s) of both: _____ / _____ Date: _____