

**Great Smoky Mountains Heritage Center
Summer Day Camp Registration Application**

**Mail completed forms to: Great Smoky Mountains Heritage Center
P.O. Box 268 Townsend, TN 37882
FAX: (865)448-6975 Phone: (865)448-0044**

Camper's Name: _____

Address: _____ **City, State, Zip:** _____

Age: _____ **2007/08 Grade Level:** _____ **School:** _____

Parent/Guardian Name: _____

Relationship to Camper: _____

Address: _____ **City, State, Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell :** _____

Email: _____

Who is authorized to pick up your child: _____

Session(s) camper wishes to attend:

Session 1 (June 11-15) *Native American Life and History* _____

Session 2 (June 18-22) *Mountain Culture* _____

Session 3 (June 25-29) *Native American Life and History* _____

Session 4 (July 2-6) (No camp on July 4) *Mountain Potpourri: A Blend of Topics* _____

Session 5 (July 9-13) *Mountain Culture* _____

During camp, there will be various outdoor activities which may require sunscreen. Each camper should bring and be capable of applying sunscreen. In addition, each camper should pack a lunch. We will provide snacks at 2:30 pm. Instructional time will begin at 9:00 am and end at 4:00 pm. Campers should arrive between 8:45 and 9 am and be picked up between 4 and 4:15. For an additional \$10 per day, your camper may be dropped off early anytime between 8:00 and 8:45 and picked up late between 4:15 and 5:30 pm.

Please be aware that during camp sessions, your child may ingest milk products, encounter live animals, and/or be exposed to open flames. Water coolers will be available for the children to access during all extended periods outdoors.

Great Smoky Mountains Heritage Center often uses photographs of various activities for informing the public about our programs. Staff members and media representatives will occasionally photograph activities during the summer camps. If you are willing to allow photographs of your camper to appear in such photos, please sign the release below.

I give permission for my camper to be filmed and/or photographed, **for publicity purposes only**, during the Summer Day Camp program.

_____ (Camper) _____

Please tell us how you learned about our day camp:

Enclose a check for \$90 if registering for Session 4 or \$110.00 (for each session selected, 1, 2, 3, and 5) made payable to **Great Smoky Mountains Heritage Center** (marked "Day Camp" in memo). [Note – If the responsible adult is a current member of the Center at the family level, there is a 10% discount on each registration for family members.]

Are you currently a member of the Great Smoky Mountains Heritage Center?
Yes _____ No _____

OR

Enclose a check for \$25.00 (registration fee to hold the space/ per session selected) made payable to **Great Smoky Mountains Heritage Center** (marked "Day Camp" in memo). Remainder of camp fee must be paid one week prior to session beginning to avoid cancellation.

Notification regarding registration will be made as soon as possible following receipt of payment and necessary forms. Registration, Health, and Emergency forms must be received within one week of camp start date. We reserve the right to cancel camp if a minimum of 8 students are not registered at least one week prior to camp start date. In the event GSMHC cancels camp, refunds will be issued in full. Once a session is filled, a waiting list is maintained to cover cancellations. **Refunds (minus \$25 processing fee) will only be issued if registration is cancelled within one week of session beginning.

Return all necessary forms along with payment to:

Great Smoky Mountains Heritage Center
Attn: Camp Registration
P.O. Box 268
Townsend, TN 37882

Emergency Form

*Each camper must have own individual form on file

Child's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Person other than parents to be notified in an emergency situation when parents are not available:

Name: _____ Phone: _____

Address: _____

Name(s) of person(s) other than parents to whom the child may be released: (Proper identification will be required, to ensure the safety of all campers)

1. _____ 2. _____

Child's Specific Medical Information

Allergies: _____

Medication: _____ Frequency: _____

Problems/conditions/special needs we should be aware of:

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital preferred for emergency treatment: _____

Health Insurance: _____ Policy # _____

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of the Great Smoky Mountains Heritage Center Day Camp?

Yes _____

No _____

Consent Statement: I will not hold Great Smoky Mountains Heritage Center responsible in case of any injury resulting from my child's participation in camp programs and hereby give my consent to the Great Smoky Mountains Heritage Center Day Camp staff to secure emergency medical treatment for _____ while he/she is in their care.

Signature of parent or guardian

Date

Permission for Medication

The prescription medication is to be brought to the Center in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority. Please send only enough medication to last the duration of camp.

Name of Child: _____ Age: _____

Primary Health Care Provider: _____

Medication: _____ Dosage: _____ Route: _____

Purpose of Medication: _____

Time of day medication is to be given: _____

Possible side effects: _____

Anticipated number of days it needs to be given at camp facility: _____