



3139 Blue Buck Creek Road, Duck  
River, TN 38454  
615-541-WILD (9453)  
www.campidyllwild.com

Please complete a separate application for each child

Camper's name: \_\_\_\_\_

Camper's Age on June 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School grade (next year): \_\_\_\_\_

**Contact Information**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone (mother): \_\_\_\_\_

Cell phone (mother): \_\_\_\_\_

Work phone (father): \_\_\_\_\_

Cell phone (father): \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

**Choose your child's session(s):**

- \_\_\_\_\_ Session 1 (May 26-29) - 4 days
- \_\_\_\_\_ Session 2 (June 1 - 5)
- \_\_\_\_\_ Session 3 (June 8 - 12)
- \_\_\_\_\_ Session 4 (June 15 - 19)
- \_\_\_\_\_ Session 5 (June 22 - 26)
- \_\_\_\_\_ Session 6 (June 29 – July 3)
- \_\_\_\_\_ Session 7 (July 6 - 10)
- \_\_\_\_\_ Session 8 (July 13 - 17)
- \_\_\_\_\_ Session 9 (July 20 - 24)
- \_\_\_\_\_ Session 10 (July 27 – 31)
- \_\_\_\_\_ Session 11 (Aug 3 - 6) – 4 days

**Stargazer Sleepover:**

If you choose you may register your child for one of our optional two overnight campouts (dates tentative and an additional fee applies):

- \_\_\_\_\_ Sleepover 1 (June 19 - 20)
- \_\_\_\_\_ Sleepover 2 (July 17 - 18)

**Bus Pick Up Preference:**

Select the area that you prefer to drop off and pick up your child (bus routes will be confirmed prior to camp session):

- \_\_\_\_\_ Nashville \_\_\_\_\_ Franklin \_\_\_\_\_ Leipers Fork

Bus schedule will be provided prior to camp; bus generally leaves the drop off location at 8am and returns campers between 5:00 and 5:15pm depending on location, and campers must be picked up no later than 5:30pm at the Nashville pick up location .

**Session Costs and Payment**

For paper registration we accept checks only.

One week session costs are \$315. A \$100 non-refundable deposit is required and applied to the full tuition. Full tuition is due 4 weeks prior to the session. For 4-day camp weeks, the session fee is prorated to \$252. For Stargazer Sleepovers, there is an additional fee of \$100 for campers, and \$50 for each additional sibling or parent attending the sleepover.

**Medications or Dietary Restrictions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T-shirt size:**

- \_\_\_\_\_ Sm (6-8) \_\_\_\_\_ Med (10-12) \_\_\_\_\_ Lg (14-16)
- \_\_\_\_\_ XL \_\_\_\_\_ (other size \_\_\_\_\_)

**Swimming Level:**

- \_\_\_\_\_ Non-swimmer \_\_\_\_\_ Beginner
- \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

**Camper/Parent Agreement and  
Terms and Conditions**

1. All campers will agree to abide by all Camp Idyllwild rules and policies.
2. The Director may dismiss a camper from Camp Idyllwild at any time.
3. Camp Idyllwild is not responsible for any lost articles of clothing or camper's personal articles.
4. Camp Idyllwild may use photography/video of campers for promotion. If you **do not** wish for your child's photo to be used on our website, brochures or other materials, please check this box:
5. **Emergency release:** The undersigned parent/guardian agrees that in case of an emergency at Camp Idyllwild involving their child, if they are unable to be contacted, the parent/guardian gives permission for staff personnel present to contact the camper's doctor (as provided in the health history form) or alternative doctor and permit whatever treatment is deemed necessary by the doctor for the emergency.
6. **Deposit, Tuition and Refund Policy:** Our policy is designed to ensure that camper's sessions are reserved as requested and to discourage last minute cancellations which make planning and scheduling difficult. The undersigned parent/guardian agrees that they understand that a \$100 non-refundable deposit is required at the time of enrollment and submission of this application form to reserve a session at Camp Idyllwild. This \$100 deposit is applied toward the full tuition, and will not be returned if the session is cancelled. In addition, the full tuition is due within 4 weeks (or at the time of enrollment if less than 4 weeks until the session) of the session. If tuition is not paid on time, the session will not be held.
7. **Permission to participate:** The undersigned parent/guardian grants permission for the camper to participate in all planned camp activities and programs, including out of camp trips by camp organized transportation and overnight sessions.
8. **Assumption of Risk and Hold Harmless Agreement:** Our camp takes place, for the most part, in the outdoors and includes activities which are adventurous and challenging. All camp activities contain certain inherent risks and our insurance

company has required the language on the liability waiver form on page 3. Our purpose for this disclosure is not to cause you undue concern but to inform you of the risks connected with the fun, adventure and challenge of all camp programs. You as parent/guardian of your child(ren) will read, sign and return the liability waiver form on page 3 of this document prior to your child(ren)'s participation in activities at Camp Idyllwild.

9. **Choice of Laws/Arbitration of Disputes and Disagreements:** All questions regarding this agreement and the rights and liabilities of the parties shall be determined in accordance with the applicable provisions of the laws of the State of Tennessee. Campers and Parents accept binding arbitration, by a mutually acceptable arbitration firm, as the method of resolving any disagreements between the camper parents and Camp Idyllwild. The basis for resolution shall be this Agreement, the Camp Idyllwild brochure, the Camp Idyllwild camper/parent handbook, and any Camp Idyllwild registration forms and materials.

**I have read and understand all of the above conditions and having enrolled a camper at Camp Idyllwild, agree to be bound by them. I also agree to remit all completed forms and payment as required by terms and conditions stated in this application.**

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**Parent/Guardian signature**

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**Date**

**Recreational Activity Release of Liability, Waiver of Claims,  
Express Assumption of risk and Indemnity Agreement**

Please read and be certain you understand the implications of signing.

**Express Assumption of Risk Associated with Recreational Activities**

I, \_\_\_\_\_ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with participation in an outdoor summer camp program and transportation associated therewith in which my child is about to engage. Inherent hazards and risks include but are not limited to:

1. Possible equipment failure and/or malfunction.
2. This activity takes place mostly outdoors and therefore includes risks associated with exposure to elements, excessive heat, encountering objects either natural or man-made, exposure to animals with the attendant risk of kicking, biting, or otherwise moving in an unanticipated manner causing injury and/or death.
3. Negligence of the participant and/or the negligence of others, including but not limited to counselor decision making including misjudging terrain or trails.
4. Attack by or encounter with insects, reptiles, and/or animals.

\*I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

**Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration for being permitted to participate in the activity described above and related activities, I hereby agree, acknowledge and appreciate that:

1. I hereby release and hold harmless with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, the following named persons or entities, herein referred to as releasees: Camp Idyllwild, LLC and its owners, employees, representatives and volunteers.
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I have read this release of liability and assumption of risk agreement and I fully understand its terms, and understand that I have given up legal rights by signing it, and I sign it freely and voluntarily without any inducement.

This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

\_\_\_\_\_  
Signature of parent or adult legal guardian      date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Name of Participating Child (Please Print)

## Camper Health History Form

Camper Name: \_\_\_\_\_

Session Number(s): \_\_\_\_\_

Camper Home Address: _____			
Street Address	City	State	Zip Code
<u>Parent/guardian with legal custody to be contacted in case of illness or injury:</u>			
Name: _____	Relationship to Camper: _____	Preferred Phones: (_____) _____ (_____) _____	Email: _____
Home Address: _____			
(If different from above)	Street Address	City	State Zip Code
<u>Second parent/guardian or other emergency contact:</u>			
Name: _____	Relationship to Camper: _____	Preferred Phones: (_____) _____ (_____) _____	Email: _____
<u>Additional contact in event parent(s)/guardian(s) can not be reached:</u>			
Name(s): _____	Relationship to Camper: _____	Preferred Phones: (_____) _____ (_____) _____	
<u>Allergies:</u> <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <input type="checkbox"/> Other <i>(Please describe below what the camper is allergic to and the reaction seen.)</i>			
<u>Diet, Nutrition:</u> <input type="checkbox"/> This camper eats a regular diet. <input type="checkbox"/> This camper eats a regular vegetarian diet. <input type="checkbox"/> This camper has special food needs. <i>(Please describe below.)</i>			
<u>Restrictions:</u> <input type="checkbox"/> I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. <input type="checkbox"/> I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. <i>(Please describe below.)</i>			
<u>Medical Insurance Information:</u> This camper is covered by family medical/hospital insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.</i> Insurance Company _____ Policy Number _____ Subscriber _____ Insurance Company Phone Number (_____) _____			
<u>Parent/Guardian Authorization for Health Care:</u> This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I 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.  Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____			
<i>If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.</i>			Page 1/4

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

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)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test      Date: \_\_\_\_\_       Negative       Positive

**If your camper has not been fully immunized, please sign the following statement:** I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:**     This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimite)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

**General Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Ever been hospitalized? .....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11. Had fainting or dizziness? .....                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Ever had surgery? .....                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? .....         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Had a recent injury? .....                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? .....    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.....         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Ever had back/joint problems?.....                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have diabetes? .....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Have a history of bedwetting?.....                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Had seizures? .....                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?.....           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Had headaches? .....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Have any skin problems?.....                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.*

**Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has the camper:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

*Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.*

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. *Attach additional information if needed.*

**Disclosure:** While Camp Idyllwild is a non-discriminatory program, our staff do not generally possess the more specialized skills necessary to effectively work with children with some special needs and conditions. The decision to accept a camper with special needs into our program is dependent on prior discussion with the camp director, and will be made on a case by case basis. It is important to understand that camp activities take place in an outdoor environment where terrain is uneven, and all areas of camp are not easily accessible to those with certain disabilities.