

Camper's Name _____
Date of Birth _____

**Life Adventure Center of the Bluegrass
Camp Application**

Your child's spot at camp will not be considered reserved until we have received and approved their application along with their payment.

Please print the application, complete the requested information, and mail or fax it with payment to Life Adventure Center, P.O. Box 447, Versailles, KY 40383, fax 859-873-2410.

Person Filling out Application _____ Relationship _____

Name of Child _____

Gender _____ Birth date _____ Age _____ Ethnicity _____
Last First Middle

Camp Names and Dates: _____

Custodial Parent/Guardian _____

Address _____ Home _____
Work _____
E-Mail _____ Cell _____
Last First Middle

How did you find out about Life Adventure Center? _____

What are your child's strengths and interests? _____

Does your child have any religious, cultural or ethnic needs which we should consider?

Please list any current health conditions that your child has that our staff should be aware of. This information will help us to provide the best environment and experience for your child. (Please explain) _____

Has your child had a tetanus shot within the last 10 years?

Yes _____ Date _____ No _____

Camper's Name _____

Date of Birth _____

Please list any behavior problems: Peer interaction? Academic performance? Notable events impacting performance?

Does your child have any learning disabilities for which he/she receives support in school?

Yes _____ No _____

Explain _____

Please share any other information about your family and/or your child that you believe Life Adventure Center should know.

Please describe your goals for your child while attending Life Adventure Center's Camp(s):

PARENT/GUARDIAN APPLICATION FOR ADMISSION

I understand that the information sought is extremely important to my family and my child and to Life Adventure Center in order to offer the best care for him/her. I therefore warrant and represent the above information is true and correct to the best of my knowledge and belief.

Signature of Parent/Guardian

Date

Send Application and payment to:

Life Adventure Center

P.O. Box 447

Versailles, KY 40383

Or Fax to: (859) 873-2410

Check or Money Order

Please charge my credit card for the full amount of _____.

Signature _____

Card Type: _____ Card No. _____

Name as it appears on the card: _____

Expiration Date: _____ Authorization code on back of card: _ _ _

There will be a \$15 fee for late registration and/or paperwork. We must receive all completed paperwork no later than 1 week before camp. **

Camper's Name _____

Date of Birth _____

Medication Information

Is your camper currently taking any prescribed medication? YES NO

If yes, in the space provided, please list all medications and their use along with instructions for administering. *Note that all prescriptions must come in the original container with camper's name, drug name, & dosage instructions.*

Name of Drug: _____

Prescribed For: _____

Instructions for Use:

Name of Drug: _____

Prescribed For: _____

Instructions for Use:

Name of Drug: _____

Prescribed For: _____

Instructions for Use:

Signature _____
Parent/Guardian

Date _____

Camper's Name _____

Date of Birth _____

Over-the-Counter Medication Information & Release

I, _____, give permission for Life Adventure Center staff
Guardian's Name
to administer the following over-the-counter medications to my child, _____.
Camper Name

Name of Medication: _____

Administer for the following conditions (i.e., Advil for headache): _____

Name of Medication: _____

Administer for the following conditions: _____

Name of Medication: _____

Administer for the following conditions: _____

Name of Medication: _____

Administer for the following conditions: _____

Signature _____

Parent/Guardian

Date _____

Camper's Name _____

Date of Birth _____

**Life Adventure Center of the Bluegrass
Drop Off/Pick-Up Form**

Only the following listed people may drop off and pick up my child _____ from
Life Adventure Center: Child Name

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

I authorize Life Adventure Center of the Bluegrass to release my child _____ to the above listed people only. By signing this I agree that any of the above listed people may drop off or collect my child from Life Adventure Center of the Bluegrass. Amendments to this list must be made in writing to Life Adventure Center of the Bluegrass. Persons picking up your child will be required to sign him/her out and show valid photo identification.

Parent Signature

Date

Parent Signature

Date

Camper's Name _____

Date of Birth _____

Dear Parents:

We have planned a fun and educational camp and are excited to work with your child! Below is some information that will be important for you to be aware of while your child is at camp. **Please be sure that anyone who is responsible for your child the day of camp has all the information from this letter.**

Parking

Because our property is home to a variety of animals including horses, dogs, cats, as well as our staff, and campers, parents are asked to observe all speed limit signs. Please use the second entrance (Challenge Course, gravel road) to access the pavilion. Please drop off and pick up campers under the pavilion.

Absent from Camp

In the event that your child will be absent from camp please contact us at (859) 873-3271. If your child does not show up for camp and we have not received a call regarding his/her whereabouts you will be contacted by a staff member. *No refunds will be given for absences.*

Illness or Injury

You or your child's emergency contact will be notified anytime that your child is brought to the main office for an illness or injury.

***Life Adventure Center does not provide any oral over-the-counter medication. You will be required to provide and administer this medication in the event it is needed.**

***If your child suffers from asthma, an allergy to bee stings, or any other allergy that would require immediate medication you are asked to send this medication daily with your child.**

The following are reasons that your child would be sent home early from camp:

- Any illness, injury, or complaint of sickness that keeps your child from functioning at camp
- Any behavior that is deemed unsafe by LAC staff

***It is the parent's responsibility to provide transportation in the event that a camper is sent home early**

Camper's Name _____

Date of Birth _____

It is essential that your campers are prepared for the camp in order to maximize their fun!!

What to Bring

Full Water Bottle (at least 8oz)!

Rain Jacket

Sunscreen

Bug Spray

Dress in layers

Extra pair of shoes

For Equine Activities

Long Pants – jeans or riding pants.

Boots with a defined heel – one inch.

Sneakers with a closed toe and heel to change into if desired.

Helmet – if campers do not have a proper helmet we can provide one.

If campers do not have proper footwear for riding, they will not be permitted to participate in the riding lessons.

For Challenge Course Activities

Sneakers or lightweight boots

For Environmental Education/Wilderness Living Activities

Appropriate hiking shoes

Fishing Pole (optional)

What NOT to Bring

Radios, mp3 players, ipods, etc.

Electronic gaming devices

Fireworks

Firearm, knives, weapons, etc.

Illegal drugs

Alcohol

Tobacco products

Please limit snacks

Do not bring snack drinks of any kind

Campers carrying cellular telephones will be asked to turn them off while at camp.

Camp Staff

Life Adventure Center of the Bluegrass is staffed by highly trained professionals who will provide a safe and supportive environment for your child. All program staff members are certified in CPR and first aid.

Due to the nature of our camp we request that all campers, their family members, and guests observe our tobacco, drug, alcohol, and weapon free policy. We also request that campers, their family members, and guests do not bring their personal pets onto the property.

Again, we look forward to working with you and your child. See you at camp!