

Civil War Soldier for a Day Muster Sheet

Camp Date: April 10th, 2010

Circle One: Confederate Federal

Soldier's Name: _____ Age: _____

Male () Female ()

Parent Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Total Paid: _____ (\$40.00 Paid in full required)

() Check – made out Latta Place Inc.

() Credit Card – Visa/Mastercard/Discover

Number: _____ Exp. Date: ____/____

Signature: _____ CVV Code: _____

Return To:

Matthew Waisner
Historic Latta Plantation
5225 Sample Road
Huntersville, NC 28078

Fax: (704) 875-1724

(If question, call (704) 875-2312, ext. 305)
mwaisner@lattaplantation.org

Return this form to Historic Latta Plantation

Civil War Soldier for A Day
April 10, 2010

Schedule of the Day

10:00am - Company Formation (Confederate and Federal)

10:30-11:45am – Civil War Soldiers Life Program

12:00-12:30pm – LUNCH / MESS

12:30-1:00pm – Issuing of Equipment (Kepi / Musket)

1:00-2:30pm – DRILL

2:30-3:30pm – BATTLE

3:30-3:45pm - GRADUATION

3:45-4:00pm – Turn in Musket and PICK UP

**Campers please dress for the outdoors, wear appropriate footwear, bring a lunch, and water bottle. Canteens available for purchase in the gift shop.*

Mail or bring form to: **Historic Latta Plantation** – 5225 Sample Road Huntersville, NC 28078
Application/Health Information

Student's Name _____ Age _____ Date of Birth _____
Address _____ City _____
State _____ Zip _____ Parent's Names _____
Phone # (D) _____ (e) _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Parent _____
Guardian _____ Address _____
City _____ State _____ Zip _____
Home Phone _____ Daytime Phone _____
Other Instructions _____
Family Physician _____ Phone _____

Health History

Does the child listed above have, or are they subject of the following? (Circle yes or no)

Asthma	yes	no	Allergies to bee stings	yes	no
Fainting Spells	yes	no	Allergies to outdoor poisons	yes	no
Convulsions	yes	no	Allergies-other	yes	no
Diabetes	yes	no	Sports restrictions	yes	no
Recent illness	yes	no	Allergic to any foods	yes	no

Date of last Tetanus shot _____

Does the child have difficulty with: (Check if yes)

Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion _____

Please describe any of the following in which you have answered yes _____

Any special needs or handling? _____

Does the child above have any conditions/problems requiring medication? Yes ___ No ___

If yes, describe the condition and the medication _____

Medication taken when? _____

Medical Insurance Company _____

Policy # _____

Telephone # _____

Contact _____

**Medication, with instructions,
must be given to Day Camp
Staff on the first day of camp.**

AUTHORIZATION OF NATURAL PARENT/LEGAL GUARDIAN: This health history is correct to my knowledge, and the person described has my permission to engage in all prescribed activities, except as noted by the doctor and me. In the event that I cannot be reached in an emergency, I hereby give permission to the doctor, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Signature: _____ Date: _____

LIABILITY RELEASE FORM

In order to participate in the Civil War Soldier For a Day Camp at Historic Latta Plantation we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Latta Place Inc. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said activities and/or trip, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, We (I) hereby assume all transportation costs and understand that there will be no refunds for the cost of the activity and/or trip.

(Type of print name of participant)

(Only participant need sign if 21 years of age or older. If under 21, *both* parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

(Parents(s) telephone)

Hospital Insurance Yes No

Insurance Company _____

Father

Date

Mother

Date

Policy # _____

Legal Guardian

Date

Physician _____

Physician's Phone _____