

Historic Encounters
Summer Day Camp Registration Form
July 12-15, 2010
9am-4pm

Camp space is limited to 20 campers (ages 8-12), so register early!
All campers will receive a detailed information packet once they register.
Cost- \$165. Full payment reserves your space.

Camper's name: _____

Age: _____ T-shirt size _____

Parent/Guardian's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Total Due: \$ _____ Amount Enclosed: \$ _____

Method of payment:

_____ Check enclosed made out to Latta Place, Inc.

_____ Visa/Mastercard/Discover (circle one)

Number: _____ Exp. Date: _____ / _____

CVV Code: _____ Signature: _____

Return this and all forms to: Blair Elder (belder@lattaplantation.org)
Historic Latta Plantation
5225 Sample Road
Huntersville, NC 28078
Fax 704-875-1724 (If questions, call 704-875-2312, ext. 303)

Historic Encounters

Camp Schedule

**Subject to change.*

Monday

A tour of the plantation grounds
Back of the Big House program
Hike to Buzzard Rock Overlook for lunch
Soap Making
A trip to the Carolina Raptor Center!

Tuesday

19th Century Games
Investigating the Plantation House
Planter Activities and Crafts
"A Wild Walk" with the Nature Center Staff!
Bead and Woven bracelets

Wednesday

A trip to the Equestrian Center!
Mecklenburg Gold Rush program
Panning for gold!

Thursday

Canoeing on the Catawba!
Life on the Farm program
Corn Shelling & Water Yoke game
Civil War Soldier's Life program
Certificate Presentations!

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 _____ **Medication, with instructions,**
Policy # _____ **must be given to Day Camp**
Telephone # _____ **Staff on the first day of camp.**
Contact _____

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 Historic Encounters Summer Camp at Historic Latta Plantation
(Event Name) (Name of Site)

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 _____

Participant (if age 21) Date

Physician's Phone _____