

# Miss Jane's Academy

## Summer Day Camp Registration Form

Check one\*:

June 21-24, 2010 \_\_\_\_\_

July 5-8, 2010 \_\_\_\_\_

August 2-5, 2010 \_\_\_\_\_

### 9am-3pm

Camp space is limited to 12 campers (ages 8-12), so register early!

**Cost- \$165.** Full payment reserves your space.

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

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 (please circle which 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)**

**\*Campers will only be allowed to participate in one session.**

# *Miss Jane's Academy*

## *Camp Schedule*

*\*Subject to Change!*

### **Monday:**

- ☞ Tour of site
- ☞ Sewing “housewives”
- ☞ Make ink
- ☞ Be a Spy!
- ☞ Write letters with quill and ink
- ☞ *Civil War Soldier's Life* program

### **Tuesday:**

- ☞ Victorian etiquette and fan language
- ☞ Dancing
- ☞ Game of Graces and “hoop and stick”
- ☞ Civil War clothing
- ☞ 19<sup>th</sup> Century Schoolhouse
- ☞ Wagon ride
- ☞ Make Civil War flags
- ☞ Civil War mourning traditions

### **Wednesday:**

- ☞ Make cornhusk dolls
- ☞ House tour
- ☞ Farm life & Gold Rush program
- ☞ Make candles, tape weaving, washing
- ☞ Make Soap
- ☞ *Back of the Big House* program
- ☞ Pan for gold!

### **Thursday:**

- ☞ Civil War medicine
- ☞ Cooking in the kitchen!
- ☞ Games

Graduation for your families!

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 Miss Jane's Academy Summer 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 \_\_\_\_\_

\_\_\_\_\_  
Participant (if age 21) Date

Physician's Phone \_\_\_\_\_