



BLACKBEARD'S COVE NATURE CAMP

2010 Registration Form

SESSION 1: 6/ 7-12: **SESSION 2:** 6/ 21-25:
SESSION 3: 7/ 12-16: **SESSION 4:** 7/ 26-30:

Camper's Name: _____

Session _____

DOB: _____ Sex _____ Nickname _____

Address: _____ Zip _____

Mother: _____ Phone: hm _____ cell _____ wk _____

Father: _____ Phone: hm _____ cell _____ wk _____

Person Authorized to Pick Child Up: _____ Phone: _____

Registration: Advance registration and pre-payment is required for all camp programs on a first come first serve basis. Submit to Blackbeard's Cove 3255 Hwy#17, Mt. Pleasant, SC 29466. Registration forms are on www.blackbeardscove.net or by emailing Linda Love at nanabutterfly@blackbeardscove.net or call **843.388.8432**.

Refund Policy: Refunds will be given if notified 2 weeks before Session starts, minus a \$25.00 administrative fee. If your child becomes ill, a prorated refund will be given for 50% of the fee. In the event the Blackbeard's Cove has to cancel a camp a full payment will be refunded.

Age Requirement: All campers must be 4 yrs old when camps begin and may not be older than 10 yrs.old.

Weather: In the event of inclement weather the camps will be held indoors and activities may be curtailed that day.

Hours: 9:00 a.m. till noon. Campers will receive a free lunch each day and free tokens on Fridays. Parents will be assessed a **late fee of \$10.00 for every 15 minutes** that the parent or guardian is late. Time will be determined by the authorized clock at Blackbeard's Cove. *Please synchronize your watch to our clock before leaving.*

Photos: Blackbeard's Cove reserves the right to use photos taken of campers for publicity photos.

Parents or Guardian Signature: _____ **Date:** _____

My signature on this document is also intended to bind my heirs, representatives and executors or my administrators.

AGREEMENT TO PARTICIPATE AND HOLD HARMLESS: In agreeing to participate in a Blackbeard's Cove Nature Camp, I recognize certain risks and dangers exist. These risks include, but are not limited to, loss or damage of personal property, injury or fatality due to tripping over roots, falling from heights, drowning, allergic reactions to foods or insects, exposure to temperature extremes or inclement weather and sunburn.

I understand that Blackbeard's Cove, its staff and other program participants shall assume no responsibility or liability for me for accident, illness, injury, or loss or damage of personal property caused wither by negligence or risk inherent in the activity. I acknowledge and assume all risks in connection with this activity, and I hold Blackbeard's Cove and its agents harmless from any and all liability, action, claim and dangers of every kind.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: I am aware of my child's general condition and affirm that he/she is fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form and to Blackbeard's Cove staff, and my child will engage in all prescribed activities except for those noted by me and/or by my child's examining physician. In the event my child is rendered unable to communicate by an emergency or accident, I authorize and request such medical and surgical services as may be necessary, and further agree to accept financial responsibility for the same.

MEDICAL INFORMATION: Our Blackbeard's Cove program may involve physical activity. If you have question regarding your child's health and participation, please consult with your personal physician. We ask for the following information to be aware of potential problems and to help your child safely enjoy their time with us. Attach additional pages if needed.

Height _____ Weight _____ Date of Last Tetanus Shot _____

DOES THE CAMPER ABOVE HAVE AND/OR EXPERIENCE THE FOLLOWING''

| | | | | | |
|-------|-------|--|-------|-------|---|
| YES | NO | | YES | NO | |
| _____ | _____ | Diabetes | _____ | _____ | Heart Disease |
| _____ | _____ | High Blood Pressure | _____ | _____ | Back Problems |
| _____ | _____ | Asthma | _____ | _____ | Dislocations – If yes, which joint(s) _____ |
| _____ | _____ | Seizures – If yes, what triggers them? | _____ | | |
| _____ | _____ | Are they currently taking medications? If yes, what type? | _____ | | |
| _____ | _____ | Please list any side affects. | _____ | | |
| _____ | _____ | Are they allergic to any medications, insect bites/stings, and/or foods? | _____ | | |
| _____ | _____ | Please list: | _____ | | |
| _____ | _____ | If allergic to bee stings, do they carry medications? | _____ | | |

Describe their General health:

Insurance Company: _____ Group #: _____ Policy Holder's Name: _____
Preferred Physician: _____ Preferred Hospital: _____

ANYONE WITH SEVERE ALLERGIES TO FOOD, PLANTS OR INSECTS MUST INFORM BLACKBEARD'S COVE STAFF, AND BRING THEIR OWN MEDICATION.

ANY QUESTIONS? PLEASE CALL LINDA LOVE AT 843.971.1223 OR 843.388.8432 OR YOU CAN EMAIL ME AT NANABUTTERFLY@BLACKBEARDSCOVE.NET

**PLEASE INCLOSE A CHECK FOR \$125.00 TO HOLD PLACE AND MAIL TO
Linda Love: 3255 Hwy#17 North: Mt. Pleasant, SC 29466**