



# Truly Living Well Summer Camp Registration Form

## Truly Living Well

324 Lawton St, Atlanta, GA 30310

Direct Line: 678.973.0997 Fax Line: 678.973.2671

Email: camp@trulylivingwell.com

### GENERAL INFORMATION

\*Please use a separate form for each participant

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)

Name(s) \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Does your child have any special needs? ☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_

### CRITICAL INFORMATION REGARDING YOUR CHILD

Does your child have severe allergies of any kind, including those that require the use of an Epi-pen? \_\_\_\_\_

Please describe \_\_\_\_\_

Does your child exhibit any behavior of which staff should be aware? (i.e. fear of insects, shyness, or tantrums)

\_\_\_\_\_

If so, what suggestions would help the staff effectively deal with behavior?

\_\_\_\_\_

This information is also required on the Health Form in this packet.

PICK UP AUTHORIZATION: (Picture ID must be presented when picking up a child)

My child can only be released to the following person(s) without additional consent from a parent or guardian:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PAYMENT INFORMATION: Fee for each two week session: \$375.00.** Each additional sibling receives a \$10.00 discount. Scholarships may be awarded based on eligibility. Separate application must be submitted. Camp costs include activity fees, daily vegetarian lunches, and healthy snacks.

\* Please use **numbers** to indicate order of **preferred camp dates**

CAMP TLW	TOTAL enclosed \$ _____
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<input type="checkbox"/> <b>Session 1:</b> May 30th - June 9 <sup>th</sup> <input type="checkbox"/> <b>Session 2:</b> June 12th - 22 <sup>nd</sup> <input type="checkbox"/> <b>Session 3:</b> July 10th - 21st <input type="checkbox"/> <b>Session 4:</b> July 24 – July 28 <sup>th</sup> <input type="checkbox"/> <b>Super Camp</b> (12 to 15): June 26 <sup>th</sup> -30 <sup>th</sup>	<input type="checkbox"/> <b>Super Camp(ages 12 to 15):</b> June 26 <sup>th</sup> -30 <sup>th</sup> <input type="checkbox"/> Money Order- Mail to: Truly Living Well P.O. Box 90841 East Point, GA 30364 <input type="checkbox"/> Via PayPal @ <a href="http://www.trulylivingwell.com">www.trulylivingwell.com</a>
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# Truly Living Well

## Summer Camp Guidelines

Thank you for your interest in our nature based summer camp! Our scheduled activities are designed to help your child develop a greater appreciation and respect for nature and the wonderful process of growing, preparing and eating fresh, healthy food. We emphasize compassionate relations and community building. Please read carefully the guidelines and information below to help ensure a safe and rewarding experience for everyone.

**State Exemption:** Truly Living Well Summer Camp is exempt from state licensure and has met all criteria pertaining to operating a facility serving children attending our summer camp and/or after school programs. We are covered by liability insurance and that document is available to the public for viewing at daily camp check in desk.

**Registration and payment are due by May 15<sup>th</sup>.** Payments may be made through our website at [www.trulylivingwell.com](http://www.trulylivingwell.com), by mail at P.O. Box 90841 East Point, GA 30364, or in person. We do not accept cash on site. Please call the office for more information at 678-973-0997.

### Camper Drop-off and Pickup

**Collegetown Camp entrance on Sells Ave at top of hill.**

**Please make contact with an adult counselor to sign your child in and out.**

- Anyone authorized to pick up your child from camp, including yourself, should be listed on the Day Camp Emergency Contact & Health Form under **Child Pick Up**. A copy of this form is included in this packet.
- **Anyone other than the primary contact will need to present a photo ID (i.e. driver's license) for release of your child. We will not release your child unless proper identification is given.**
- **Please do not leave with your child *without* notifying staff.**
- Tardy pick-up after 5:30 PM will be charged \$5 per 10 minutes.

### Extended Care

- Before care and after care are provided daily from 7:45 am until 8:45 and from 4:30 until 5:30. The combined fee for both of these services is \$40.00 weekly. Separate service for one or the other is also possible for a fee of \$25.00 a week.
- Extended care (am or pm) by the day is \$10.00/hr and must be paid at time of service.
- Please sign up for extended care in advance whenever possible.

### Personal Items

- All personal items brought to the program are your child's responsibility and **must be labeled**.
- You are welcomed to supply sunscreen and **natural** insect repellent. Staff will encourage safe and proper application.
- Do not allow your child to bring electronics, valuables, toys or pocket knives.

### We'll provide . . .

- A healthy plant based lunch daily.
- Fruit or garden produce, such as cucumbers, carrots, and tomatoes at snack and/or meal times.
- Other healthy snacks and plenty of water

### What to bring...

- A filled water bottle (at least 16 oz.) is a necessity.

- **Truly Living Well** is a *pesticide free* urban farm. Please bring natural insect repellent. (Natural insect repellent can be found at camping supply stores and most health food stores.)
- **Attire: Your child will be getting dirty!** Children will be planting, digging, playing games, painting, etc. Please send your child in appropriate clothing and footwear. Items might include:
  - A separate, lightweight, long-sleeved shirt to pull on over regular clothes
  - Brimmed hat or visor (We sometimes like to soak these with water!)
  - Closed toe shoes, sturdy footwear, sneakers or hiking boots/shoes preferred.
  - Socks! Socks! Socks!
  - **Inappropriate** footwear includes: sandals, flip-flops, crocs and “jellies.”
  - Rain jacket or rain boots.
  - A labeled backpack to hold belongings.
- **All items must be marked with the child’s name.** Truly Living Well is not responsible for lost or stolen items. Found items will be held until the end of August, and then donated to charity.

### Weather

- **Camp will not be cancelled due to rain.** Rain gear is a must on rainy days, as activities will continue as planned.
- In extremely hot weather, children take regular water breaks and activities are less active and held in shady areas or inside as much as possible.

### Special Needs

When you register, please indicate if your child has a special need: physical, developmental, emotional, and social. Please feel free to speak directly with the camp director. Call 678-973-0997.

### Essential Eligibility Criteria

To participate in camp programs, children must be able to (by themselves or with a personal assistant provided with no cost to the camp):

- Ambulate on own or with a mechanical device on uneven terrain.
- Independently take care of personal needs (bathroom).
- Exhibit appropriate group behavior (doesn't disrupt the flow of teaching/learning) with minimal verbal prompts (no more than two prompts per hour).
- Personal aides must be over 18 years of age with two years of college or 1 year of personal aide experience.

### Code of Conduct

Children are expected to display appropriate behavior at all times. To assure the maximum enjoyment of the program by all participants, **please review the following guidelines with your child.** Your child is expected to:

- Show respect to all participants, staff, and nature.
- Be pleasant to others and refrain from using foul language.
- Refrain from causing harm to self, other participants, and staff.
- Use equipment, supplies, and facilities properly.
- Stay with the group.
- Be cooperative.
- Follow instructions.

### Discipline

If behavior problems arise, the parent/guardian will be contacted that day to discuss the nature of the problem. The following disciplinary techniques will be used for uncooperative children:

- Verbal warning
- Time out: the child is removed from the activity (but not from the vicinity) for duration of one to five

minutes. A counselor is assigned to the child during this time.

- Parent involvement: if the child has difficulty controlling themselves, the parent will be contacted to handle the situation.
- Removal from program: if problems persist or the behavior is severe such as causing intentional harm to others or consistent disruptions of camp activities, the child will be removed from the program. Refunds are not issued under such circumstances.

### **Medical Issues**

In the event of a medical emergency, the parent or emergency contact will be notified immediately. Our staff will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper. This may include transportation by ambulance to the nearest medical treatment facility.

Someone must be available to pick up your child from camp upon notice of camper illness. You will be notified at the end of the day about minor scrapes or cuts which were treated by our staff with first aid.

### **Medications**

If your child has special needs for medication during the day, please make those needs clear on your Health Form. Children are expected to bring whatever medical supplies or medications they will need each day and turn it in to staff, along with written instructions. Staff will not be responsible for reminding the child to take medication; it will be the child's sole responsibility. If your child has a strong allergy to bee stings or other conditions that require the use of an epi-pen, the child is expected to have the required supplies with them at all times. The child should know how to administer these injections themselves. If a child needs assistance administering an epi-pen, a staff member can provide assistance.

### **Communicable Diseases**

Campers, including any siblings with an infectious illness (H1N1, pink eye, hand, foot & mouth disease, etc.) must be removed from camp immediately for the safety of the other campers.

### **Session Cancellations**

If a camp session must be cancelled for any reason, full refunds will be issued.

### **Satisfaction Guarantee & Program Refund Guidelines**

If you are not completely satisfied with the quality of our camp, please contact us and share your concerns. Camp program withdrawals within the first week will receive prorated refunds.

[ ] I have read, understand, and agree to the above policies, procedures and criteria for my child to attend **Truly Living Well Summer Camp**.

[ ] I have been advised and understand that **Truly Living Well Summer Camp** is exempt from state licensure (see above).

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Parent Signature

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Date

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Parent Printed Name



# Health Form

Please fill out this form as completely as possible. All information is confidential.

## SECTION I – BASIC CONTACT INFORMATION

Camper  
Name \_\_\_\_\_  
LAST FIRST MIDDLE

Birth date    /    /    Age \_\_\_\_\_    Gender    Male\_\_\_\_    Female \_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Camper Lives With:    Mother & Father    Mother    Father    Other: \_\_\_\_\_

Primary Contact #1  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work \_\_\_\_\_

Secondary Contact #2  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work \_\_\_\_\_

Additional emergency contact  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

***If you will be traveling during your camper's enrollment at Truly Living Well, please inform us in writing. Attach phone numbers, local relative names and numbers, and/or any other information that would assist us in contacting you in case of emergency. Thank you!***

## SECTION II – INSURANCE INFORMATION: HEALTH INSURANCE IS MANDATORY

Is the camper covered by family medical/hospital insurance? ☐ Yes ☐ No

If yes, Insurance Carrier \_\_\_\_\_ Group or Policy # \_\_\_\_\_

Contact Info for Claims \_\_\_\_\_

Policy Holder's Name Relationship to participant \_\_\_\_\_

Policy Holder's SS# or Insurance ID# \_\_\_\_\_

## SECTION III – ALLERGIES

Camper does not have any Allergies

Camper is allergic (**Please circle if your child experiences or is allergic to any of the following**):

1. Hay Fever    2. Poison Ivy/Oak    3. Insect Stings    4. Foods    5. Penicillin    6. Other

Describe reaction and treatment:

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## SECTION IV – IMMUNIZATIONS – Please provide the most recent copy of immunization records.

**SECTION VI – HEALTH HISTORY** - Has the camper had any health issues or concerns for which we need to be aware? If so, please describe in detail.

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For females, has she started her menstrual cycle? ☐ Yes ☐ No

If applicable, has she been educated about menstruation? ☐ Yes ☐ No

If applicable, has she experienced any complications? ☐ Yes ☐ No If yes, please explain

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## Camper Release Form

**THIS FORM AND THE DAY CAMP EMERGENCY CONTACT AND HEALTH FORM ARE DUE UPON REGISTRATION. An original signature is required, faxes cannot be accepted.** Please read this form carefully and be aware in registering your minor child/ward for participation in the program listed above that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from Truly Living Well Summer Camp.

**Important Information** Truly Living Well Summer Camp is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Truly Living Well Summer Camp strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize that Truly Living Well Summer Camp does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, ***each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance prohibits participation in the camp. Your cooperation is greatly appreciated.***

**Release of Liability & Permission to Secure Treatment** I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have against Truly Living Well Summer Camp and its officers, agents, volunteers and employees as a result of participation in the program. I do hereby fully release and discharge Truly Living Well Summer Camp and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend Truly Living Well Summer Camp and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize Truly Living Well Summer Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I further agree that Truly Living Well Summer Camp, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Camp regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of the Camp to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated on such grounds, no participation fees will be refunded.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ Child's Name \_\_\_\_\_



## Authorization for Self Administration of Medication by Camper

CAMP TLW does not dispense any medications to campers. Campers who need to take prescription or over the counter medication must come to camp with authorization of self-administration of medication from both the parents and a physician. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and the date of the prescription. All medications must be given to the head camp counselor who will keep them in a locked box. Campers must come to the head counselor to access their medications. All unused medication will be destroyed if not picked up at the end of the camp session.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug? \_\_\_\_ Yes \_\_\_\_ No

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Medication Administration: Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Stop Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug: Allergies \_\_\_\_ Yes \_\_\_\_ No Reactions to food or drug allergies: \_\_\_\_ Yes \_\_\_\_ No

If "yes" to any of the above, please explain: \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Prescriber's Address \_\_\_\_\_

Authorization for self administration of medication: I authorize (Child's Name) \_\_\_\_\_  
to self administer medication. The camper has been taught proper administration of this medication.

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Authorization for Self Administration of Medication: I request that my child can self medicate as described and directed above while enrolled at Camp TLW. Child's Name \_\_\_\_\_

Name of Parent/Guardian authorizing self administration of medication \_\_\_\_\_

Relationship to Child: Mother \_\_\_\_ Father \_\_\_\_ Guardian/Other explain: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Camp Personnel Receiving Written Authorization and Medication: \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink) \_\_\_\_\_



## Photo Release for Minors

For valuable consideration, I hereby give Truly Living Well Center for Natural Urban Agriculture, its representatives and employees the absolute and irrevocable right and permission with respect to the photographs that he/she has taken of my minor child in which he/she may be included with others:

- a) To copyright the same in the photographer's name or any other name that he/she may select;
- b) To use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;
- c) To use my name or my child's name in connection therewith if he/she so decides.

I hereby release and discharge photographers from all and any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the photographer as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the above named child. I hereby consent to the foregoing on his/her behalf.

Minor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Signature or Parent/Guardian: \_\_\_\_\_

Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_