

**New London Historical Society  
2017 Hands-on History Camp Application**

**Hands-on History Camp  
INFORMATION and APPLICATION**

**LOCATION & DIRECTIONS:**

- New London Historical Society - 179 Little Sunapee Rd, New London, NH 03257
- From I-89 North: Take exit 11. Turn right onto Route 11/Newport Road/New London. Turn left onto Main Street/Route 114. At 2.1 miles, fork right onto Route 114 North (also called Little Sunapee Road). Society entrance is 3/10 mile on the left.
- From I-89 South: Take exit 12. Turn left onto Route 11/New London. At the roundabout, take County Road uphill. Turn right onto Little Sunapee Road. The Society entrance is approx. 1/4 mile on the right.

**MORNING DROPOFF**

- Campers report to the Meeting House at 9:00 am. Please park in designated parking lot and escort your child to be signed in.
- NLHS is responsible for campers only after they have been signed in. Campers must sign in with the Counselor in charge of their camp group.

**AFTERNOON PICK UP**

- Campers will be in the Meeting House for pick-up by 3:00 pm. Please park in designated parking lot and come to meet your child.
- Campers must sign out with the Counselor in charge of their age group and will be released only to their parents, legal guardians, and those authorized by such on the Camp Application form.
- Photo ID is required at time of pick-up.
- Campers must be picked up promptly at 3:00 PM. There are no accommodations for extended care after 3:00 PM.

**WHAT TO BRING**

- Backpack, including supplies for an outdoor day.
- Closed toe shoes & socks must be worn for outdoor play; sandals/crocs may be worn for indoor activities.
- Lunch, two snacks, plenty of cold drinks, and do NOT require refrigeration and a refillable water bottle (no glass containers!). Please, no candy, soda, or gum.
- No handheld electronic items. Cell phones for emergency use only and with the permission of the Counselor.
- Sunscreen, non-aerosol bug spray, rain jacket—we avoid thunderstorms, but may play in a sun shower
- Change of clothes. Please label all clothing and personal items that your child will bring to the camp.

**HEALTH MATTERS**

- Completed health forms must be received no later than two weeks prior to camp start date. Please provide a copy of the front and back of your insurance card. There must be written orders from the doctor in order to dispense over the counter and prescribed medications.

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- NH State Law requires that the camps have written permission from the Camper's physician for a child to keep his/her epi-pen or inhaler in their possession.

**EMERGENCIES:**

- In case of emergency please call the New London Historical Society at 603-526-6564.

**LOST & FOUND**

- Parents are urged to label all clothing and personal items with a permanent marker with the camper's full name, not just initials. Please make every effort to inventory your child's belongings before leaving camp each day.
- NLHS is not responsible for items left behind, lost, or stolen.
- Items found during camp are displayed on the Lost & Found Table in the Phillips Barn.
- Items with names will be held for 14 days and we will contact you to pick them up. Any items not claimed after 14 days will be given to charitable organizations. Parents will be responsible for the cost (shipping and handling) of mailing any items.
- Please call our office as soon as you realize your camper is missing an item.
- Items without names will be donated to a charitable organization at the end of each session.

**QUESTIONS:**

- Contact Phone Numbers:
  - Maureen Strachan (603) 731-4353
- Email Contact: [newlondonhistorycamp@gmail.com](mailto:newlondonhistorycamp@gmail.com)

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**APPLICATION DEADLINE:**

- Registration due May 31, 2017. Late application is a first-come, first-served basis pending availability.

**DIRECTIONS:**

- Please complete the camper application, Media Consent and Release form, Medical History, Emergency Contact, and Medical Authorization form for each camper.

**PAYMENT:**

- Submit application and check to: NLHS, PO Box 965, New London, NH 03257. Make checks payable to New London Historical Society (or NLHS History Camp).

**PLEASE PRINT**

Child's First Name:		Child's Last Name:	
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> 4 <sup>th</sup> Grade Completed in 2017	<input type="checkbox"/> 5 <sup>th</sup> Grade Completed in 2017	<input type="checkbox"/> 6 <sup>th</sup> Grade Completed in 2017	
Street Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Parent Name:			
Home Phone Number:		Work/Cell Phone Number:	
Email:			
One Week of History Camp: Members: \$200; Non-members: \$225. Two Weeks of History Camp: Members: \$375; Non-members: \$400. Please Indicate Your Camp Dates Below:			
<input type="checkbox"/> Week 1: July 10 – July 14	<input type="checkbox"/> Week 2: July 17 – July 21	<input type="checkbox"/> Weeks 1+2: July 10 – July 21	

**TRANSPORTATION**

Anyone other than the parents/guardians picking up a club member must have written permission from the parent/guardian. Please list here who you authorize to transport your child.

1. Name:	Phone:
2. Name:	Phone:

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**MEDIA CONSENT AND RELEASE FORM**

**Directions:** Read, check one of the options, complete, sign, and submit with application.

I, as the parent or guardian of \_\_\_\_\_, hereby give NLHS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither NLHS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve NLHS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

I, as the parent or guardian of \_\_\_\_\_, **DO NOT** give NLHS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

Please Print Name of child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

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**MEDICAL HISTORY AND EMERGENCY CONTACTS**

Child's Last Name:	Child's First Name:	
Birth Date:	Gender:	
Address		
City:	State:	Zip Code:
Phone Number:	Work/Cell Phone Number:	

<b>Parent or Guardian Contact Information</b>	
Parent (1)	Parent (2) (if different)
Name:	Name:
Day Phone:	Day Phone:
Address:	Address:
City:	City:

<b>Camper Information</b>
Please specify if the camper has any medical conditions or history:
<input type="checkbox"/> Hearing/Vision problems <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Hearing Aid

<b>Allergies</b>
Does your camper have any allergies to the following: <input type="checkbox"/> Penicillin <input type="checkbox"/> Seasonal <input type="checkbox"/> Insect Bites <input type="checkbox"/> Foods <input type="checkbox"/> Over The Counter Drugs
Please explain reaction and severity:
What medications are given for allergy symptoms (if any)?
What are side effects from this medication?
Will your camper need prescription or over the counter medications at camp? If Yes, <b>PROVIDE DOCTOR'S ORDERS SIGNED BY BOTH THE DOCTOR AND A PARENT/GUARDIAN.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>Medications</b>	
List medications for above allergies:	
Will you child be bringing any medication to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please explain:	

<b>Emergency Contact Information</b>			
Please list below at least one emergency contact that would be able to pick up a sick child during camp hours.			
Name:		Name:	
Day Phone:		Day Phone:	
Address:		Address:	
City:	State:	City:	State:

Family Physician		Family Dentist	
Name of Physician:		Name of Dentist:	
Phone Number:		Phone Number:	
Address:		Address:	
City:		City:	

<b>Insurance Information</b>	
Is your participant (camper) covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Please copy and attach both sides of insurance and prescription cards to health form.	
Insurance Company:	Participants I.D.#:
Claims Phone Number:	Group #
Name of Policy Holder:	Date of Birth of Policy Holder (Required for Billing):
Address of Policy Holder (if different than child):	
Participant's Primary Care Physician:	PCP Phone #:
PCP Address:	

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**MEDICAL AUTHORIZATIONS**

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also give permission for the camp to arrange related transportation.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person’s ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child’s health status.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

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**HISTORY CAMP CODE OF CONDUCT**

**PLEASE READ AND SIGN**

**CODE OF CONDUCT:**

- I will respect my fellow Campers and their personal belongings by not picking on or making fun of others, instigating verbal or physical fights, going into and/or stealing other Camper's belongings.
- I will respect the counselors and staff by listening to and following their instructions.
- I will respect others and myself by not using inappropriate language.
- I will respect the privacy of all in Camp by not posting any pictures taken at Camp on the Internet.
- I will leave all electronic devices at home such as iPods, hand held computer games, MP3 players, and cell phones at home. (A parent/guardian must seek permission from the camp director in order for the camper to be able to carry a cell phone for emergencies).

**PROHIBITED BEHAVIORS:**

- Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
- Stealing, damaging, or failing to care for New London Historical Society property.
- Continual disruption of the program.
- Refusal to follow the behavior guidelines.
- Inappropriate physical contact.
- Using profanity or inappropriate language.
- Bullying or acts of aggression or violence.

I understand that if I fail to comply with the Code of Conduct, my parents may be notified and I may be sent home.

I also understand that failure to comply with the Code of Conduct may result in my removal from the program. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_