



Please list any behavior problems: Peer interaction? Academic performance? Notable events impacting performance?

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Does your child have any learning disabilities for which he/she receives support in school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

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Please share any other information about your family and/or your child that you believe Life Adventure Center should know.

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Please describe your goals for your child while attending Life Adventure Center's Day Camp(s):

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**PARENT/GUARDIAN APPLICATION FOR ADMISSION**

**I understand that the information sought is extremely important to my family and my child and to Life Adventure Center in order to offer the best care for him/her. I therefore warrant and represent the above information is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Date**

Send Application and payment to:

Life Adventure Center

570 Milner Road

Versailles, KY 40383

Or Fax to: (859) 873-2410

Check or Money Order

Please charge my credit card for the full amount of \_\_\_\_\_ .

\_\_\_\_\_  
Signature

Card Type: \_\_\_\_\_ Card No. \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Authorization code on back of card: \_ \_ \_

**There will be a \$15 fee for late registration and/or paperwork. We must receive all completed paperwork no later than 1 week before camp. \*\***

**Life Adventure Center of the Bluegrass  
Medical Release Form**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

(Must be different than Parent/Guardian)

Cell \_\_\_\_\_

**Insurance/Medical**

Student Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

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Does your child have an Epi Pen for severe allergic reactions? \_\_\_\_\_

If so will they have it on them the day of camp? \_\_\_\_\_

Please list any medical conditions that may affect your child's ability to participate in physical activity: \_\_\_\_\_

\_\_\_\_\_

**Release**

I \_\_\_\_\_ (parent/legal guardian) give consent for Life Adventure Center of the Bluegrass staff to transport and seek medical attention for \_\_\_\_\_ (participant) as deemed necessary by Life Adventure Center of the Bluegrass staff in the event of an injury or accident. I agree to hold harmless from fault Life Adventure Center of the Bluegrass and the Life Adventure Center of the Bluegrass staff.

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

\_\_\_\_\_  
Date

**Life Adventure Center of the Bluegrass  
Drop Off/Pick Up Form**

Only the following listed people may drop off and collect my child \_\_\_\_\_ from  
Life Adventure Center: Child Name

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

I authorize Life Adventure Center of the Bluegrass to release my child \_\_\_\_\_ to the above listed people only. By signing this I agree that any of the above listed people may drop off or collect my child from Life Adventure Center of the Bluegrass. Amendments to this list must be made in writing to Life Adventure Center of the Bluegrass. Persons picking up your child will be required to sign him/her out and show valid photo identification.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Life Adventure Center of the Bluegrass  
CONSENT AND RELEASE AGREEMENT**

\_\_\_\_\_ (print participant name) \_\_\_\_\_ (print name of group)

In consideration of permission to participate in, or continue participating in, the activities and programs of Life Adventure Center of the Bluegrass, and to use its facilities, I hereby acknowledge and agree as follows:

I understand that my participation in programs offered by Life Adventure Center of the Bluegrass is purely voluntary. I recognize that the program is designed to use experiential, engaging, teaching techniques. At all times, I will choose my level of participation in any activity. Further, I agree that I must comply with the requests, directions, and instructions of the individuals offering the programs and my failure to do so may result in my removal from the program. I agree that I will use and wear the appropriate safety equipment.

I recognize that my participation in Life Adventure Center of the Bluegrass programs is with some risk of bodily injury. I accept those risks with full knowledge of the dangers involved (including but not limited to: increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of serious injury), and hereby certify that I know of no physical or medical problems that would increase my risk of illness or injury, as a result of participating in Life Adventure Center of the Bluegrass programs.

I understand that under Kentucky Law a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that one voluntarily accepts if one participates in farm animal activities. KRS247.4027

In the event of an injury or sudden illness, I consent to the administration of first aid and resuscitative measures performed on my behalf by trained or qualified personnel. I assume full responsibility for all medical expenses incurred as a result of injuries suffered by my participation in Life Adventure Center of the Bluegrass programs.

I hereby release and discharge Life Adventure Center of the Bluegrass, its agents, employees, representatives, the building and grounds owners, any related entities, and all others from any and all liability, responsibility, loss, damage, costs, claims, and causes of action (including, but not limited to, those for bodily injury, death, and property damage or loss to me) arising out of or resulting from my use of or presence upon these facilities and/or participation in Life Adventure Center of the Bluegrass programs, specifically including, but not limited to, any and all liability, responsibility, loss, damage, costs, claims, and/or causes of action that arise from or are caused by the negligence or fault of Life Adventure Center of the Bluegrass programs, its agents, employees, representatives, the building and grounds owners, any related entities, or other participants in the Life Adventure Center of the Bluegrass programs.

I have read the entire Consent and Release Agreement and accept the conditions stated herein as a requirement for my participation in Life Adventure Center of the Bluegrass programs.

**PUBLICITY RELEASE:**

I grant Life Adventure Center of the Bluegrass and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create. I release the corporation (photographers, employees, members, and agents) from all debt claims and/or liabilities of any kind whatsoever arising out of my child's appearance in the presentation, the making, or the use of such films or recordings. I hereby waive my right to inspect the finished produce that may be used in connection herewith.

I prefer that this participant not have his/her picture taken.

**READ BEFORE SIGNING**

\_\_\_\_\_  
PARTICIPANT SIGNATURE                  PRINTED NAME                  DATE                  EMERGENCY #

Participant age: \_\_\_\_\_ **PARENT SIGNATURE (required if under 18):** \_\_\_\_\_

Dear Parents:

We have planned a fun and educational camp and are excited to work with your child! Below is some information that will be important for you to be aware of while your child is at camp, and that is required by our accrediting body. **Please be sure that anyone who is responsible for your child the day of camp has all the information from this letter.**

### **Lunch**

We ask that you send your child with a healthy sack lunch and an extra snack that does not include any caffeine products. In an effort to keep all campers safe, children are not allowed to share food. Please do not send your child to camp with any food to share.

### **Parking**

Because our property is home to a variety of animals including horses, dogs, cats, as well as our staff, and campers, parents are asked to observe all speed limit signs.

For Equine camp please drop off and pick up all campers in front of the Equine Center and use the designated parking area. Please do not drive any vehicle past the parking area in front of the black barn.

For Adventure (Challenge Course), and Environmental Camps please use the second entrance (Challenge Course, gravel road) to access the pavilion. Please drop off and pick up campers under the pavilion.

### **Absent from Camp**

In the event that your child will be absent from camp please contact us at (859) 873-3271. If your child does not show up for camp and we have not received a call regarding his/her whereabouts you will be contacted by a staff member. *No refunds will be given for absences.*

### **Illness or Injury**

You or your child's emergency contact will be notified anytime that your child is brought to the main office for an illness or injury.

**\*Life Adventure Center does not provide any oral over-the-counter medication. You will be required to provide and administer this medication in the event it is needed.**

**\*If your child suffers from asthma, an allergy to bee stings, or any other allergy that would require immediate medication you are asked to send this medication daily with your child.**

The following are reasons that your child would be sent home early from camp:

- Any illness, injury, or complaint of sickness that keeps your child from functioning at camp
- Any behavior that is deemed unsafe by LAC staff

**\*It is the parent's responsibility to provide transportation in the event that a camper is sent home early**

## **What to Bring**

It is essential that your campers are prepared for the day in order to maximize their fun!!

### All camps

Full Water Bottle (at least 8oz)!

Brown bag lunch and snack!

Rain Jacket

Sunscreen

Bug Spray

Dress in layers

\*Items listed below for each specific camp.

### Equine Camp

Long Pants – jeans or riding breeches.

Boots with a defined heel – one inch.

Sneakers with a closed toe and heel to change into if desired.

Helmet – if campers do not have a proper helmet we can provide one.

If campers do not have proper footwear for riding, they will not be permitted to participate in the riding lessons.

### Adventure Camp

Sneakers or lightweight boots

### Environmental Education Camp

Appropriate hiking shoes

Backpack

Since campers are likely to get dirty, they are encouraged to bring a change of clothes to wear home.

\*Campers carrying cellular telephones will be asked to turn them off while at camp.\*

## **Camp Staff**

Life Adventure Center of the Bluegrass is staffed by highly trained professionals who will provide a safe and supportive environment for your child. All staff members are certified in CPR and first aid.

Due to the nature of our camp we request that all campers, their family members, and guests observe our smoke, drug, alcohol, and weapon free policy. We also request that campers, their family members, and guests do not bring their personal pets onto the property.

## **Riding**

Parents of equine campers are welcome to visit Life Adventure Center and watch their child's riding lesson during the week. We ask that you notify the Equine Program Manager of your interest, and we will set up a time for you to come and observe.

Again, we look forward to working with you and your child. See you at camp!