Camp Lions Den 2017
Camper Application
Outdoor Lab, Clemson University
Clemson, SC  29634-0737
Phone 864-646-7502  FAX 864-646-3620
www.clemson.edu/outdoorlab
Application Deadline June 1, 2017

Camp Dates: July 9-15, 2017

Camper Information

Full Name ___________________________________________Preferred Name __________________________
Female (   ) Male (     ) Mailing Address ________________________________
City ____________________________ State _____________ Zip __________
Address to which correspondence should be sent (if different from above)
________________________________________________________________________
Age ________ Height ___________ Weight _________ Birth date _____________
Is the Camper Blind? ______ Blind since birth? ________________
Best vision with correction? ______________ Without correction? ______________
How did you learn about Camp Lions Den? __________________________________________

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T-shirt size:  Adult or Youth ___ Small ___ Medium ___Large ___XL ___ XXL

Contact Information

Name of Father ____________________________ Occupation ____________________________
Phone: home __________ work ___________ mobile __________
Name of Mother ____________________________ Occupation ____________________________
Phone: home __________ work ___________ mobile __________
Email Address: Father ____________________________ Mother ____________________________
If mother and father do not live together, with whom does child live? ______________________
Name ___________________________________________ Occupation ____________________________
Phone: home __________ work ___________ mobile __________
Emergency contact if you cannot be reached: Name ____________________________
Relation to camper: ____________________________
Phone: home __________ work ___________ mobile __________

OVER
Additional Information

Name of camp(s) previously attended ____________________________________________

List roommate preference (please request only one individual of camper’s own grade or age level. Requests will be considered, however, are not guaranteed) ____________________________________________

Can your camper swim? __________________________________________________________

Please provide a description of your camper’s character, social skills and behaviors which may affect the camper's interaction with his/her cabin mates during their stay at camp. This information is confidential and is shared only with the cabin counselor to help provide a positive camp experience. Please attach if more space is desired or needed.

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Camp Lions Den reserves the right to use any picture of my child made at camp for promotional use

Clemson University Parental Permission Form and Release of Liability for Camp Lions Den

I, ____________________________, am the parent and/or legal guardian of ____________________________, a minor child under the age of 18 years. In consideration for my child being allowed to participate in Camp Lions Den, I the undersigned, acknowledge, appreciate and agree that:

1. Camp Lions Den affords my child the opportunity to participate in activities, including, but not limited to: archery, overnight camping, swimming, group activities and games, canoeing, ropes course, lake activities and crafts. There are inherent risks involved with these activities, including but not limited to property damage or loss, illness, disease, head injuries, cuts, infections, broken bones, sprains, wounds, burns, bites, falls from a height, drowning, or death. I choose to voluntarily allow my child to participate in Camp Lions Den. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in Camp Lions Den. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that Camp Lions Den is physically strenuous and I know of no medical reason why my child should not participate.

4. I hereby release, waive, and discharge Clemson University, SC Lions Clubs and their Boards of Trustees, their officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in Camp Lions Den, whether caused by negligence of the UNIVERSITY, Camp Lions Den, their Boards of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY and SC Lions Clubs for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in Camp Lions Den.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

__________________________________________________________
Signature of Parent and/or Legal Guardian

__________________________________________
Date

Mail the completed application, medical form, and camper profile to:

Outdoor Lab, Camp Lions Den, Clemson University, Clemson, SC 29634-0737

Or fax to: 864-646-3620

Inquiries should be directed to: (864) 646-7502 ext 221 or jkw@clemson.edu

Clemson University does not discriminate on the basis of race, color, age, religion, gender or national origin.