Endview Plantation
Children's Civil War Camp

Summer 2015

Information For Parents and Guardians

Note: Camps are for children ages 8-13. Please keep this page for your records.

General Information

This program is designed to be a fun, safe and educational experience for your child. Those that attend this camp will be able to interact with people dressed as Civil War soldiers and will learn about the lives of those soldiers. As part of the program, your child will “join the army” for the week. This will give him or her an opportunity to learn about the Civil War by experiencing it themselves. Your child will spend all day moving around the property and should be prepared to do so by dressing appropriately. We will give them plenty of breaks and opportunities to rest. This summer camp is a great way for them to have fun while learning!

There will be 2 Civil War camp sessions this summer. Each side will have 32 spaces available. Separate companies for sharpshooters (formerly ages 11-13) will not be registered. Participants will be selected to participate as a sharpshooter, however, based on attitude and drill.

Dates and Times

This year, the soldiers’ camp will concentrate on the 150th Anniversary of the war including the end of the Siege of Petersburg and the Appomattox Campaign. Participants will learn about the leaders of the armies and the battles that were fought in 1865.

- June 22-25
- July 27-30
- Camps run from Monday through Thursday of each camp week.
- Drop-off is 9:00 a.m. Please do not drop off your children prior to 8:45. Pick-up is PROMPTLY at 3:00 p.m. Please be advised that we cannot accommodate requests for later pick-up times.

*Due to safety concerns and to provide the best experience for your children, parents are not allowed to accompany their children during camp.*

MORE INFORMATION ON THE REVERSE
Payment and Registration

- Receipt of payment in the amount of $160 accompanied with the Registration and Release forms guarantees that your child is registered for a particular camp session. **Your phone call or email is only a request for a registration packet; it does not hold nor guarantee your child's place in a camp session.**
- If you will be paying by check, please make checks payable to *The City of Newport News* with your child's name in the memo section of your check.
- This will be a first-come, first-served registration process. It is in your best interest to submit payment and forms to us as soon as possible; once we have received the maximum number of applications for a given camp session, that session is closed and additional campers will not be added.
- Sessions may fill quickly, therefore you are being asked to select a first choice session and a second choice in the event that your first choice session is full.
- Only parents/guardians of children will be permitted to register their children; it is not possible to register children of friends, neighbors or relatives. Each parent/guardian must contact Endview for a registration packet. We will make every effort to honor requests for multiple children from different families to attend the same camp session, but we **cannot** guarantee such arrangements.
- A confirmation letter will be sent to you a few weeks before your child's camp session begins with more details about the camp experience. **The confirmation letter and other information will be sent by email unless no email address is listed or there is a note requesting information be mailed.** This is done in an effort to speed up this process. It usually takes a few days or more to have mail leave the office.
- **PLEASE NOTE:** Refund requests will be honored up to 14 days prior to the camp session start date. Requests received after that date will not be honored unless a replacement can be found.

Water, Lunch, Dress, and Repellant

- A canteen will be provided for each child. If you wish, your child may carry another brought from home.
- Your child must bring his or her own lunch each day in a small cooler or nylon/polyester lunch bag. Please, no paper bags. Additional snacks for children may be sent and kept in the child's haversack at all times. Breaks for snacks/water will be provided during the day.
- Children should wear summer-appropriate clothing. Closed-toe shoes are a must due to the amount of time spent walking. You may wish to send a poncho with your child in the event of rain. Insect repellant and sunscreen should be applied to your child prior to arriving every day and the lotions left with your child during the time at camp. After a day at camp, you should inspect your child for ticks and chiggers immediately. Children will be spending the majority of the camp session out of doors and will benefit from protection from the sun and numerous insects in the woods at Endview.
2015 ENDVIEW PLANTATION SUMMER CAMP REGISTRATION

Child’s name: __________________________ Date of Birth: ____/____/____
Number of times attended camp in the past_______ Month/Day/Year

Name of Parent(s)/Legal Guardian(s)*: __________________________
Street Address: ____________________________
City: __________________________ State: ___________ Zip: __________
Home Phone: (_____) __________ Mobile Phone: (_____) __________
Employer Name: _____________________________ Work Phone: (_____) __________
Email address__________________________ Send information on other Endview events? _______

Second Parent/Legal Guardian’s Name (if applicable): _________________________
Employer Name: _____________________________ Work Phone: (_____) __________
Home Phone: (_____) __________ Mobile Phone: (_____) __________

* Note: If child will be dropped off or picked up by any person(s) other than a parent/legal guardian, please provide the following information:
Name: _____________________________ Relationship: _____________________________
Street Address: __________________________ State: ___________ Zip: __________
City: __________________________ State: ___________ Zip: __________
Home Phone: (_____) __________ Mobile Phone: (_____) __________

Emergency Contact Information: (MUST be completed)
Name: _____________________________ Relationship: _____________________________
Street Address: __________________________ State: ___________ Zip: __________
City: __________________________ State: ___________ Zip: __________
Home Phone: (_____) __________ Mobile Phone: (_____) __________

Statement
I acknowledge that my child’s experience in the summer camp program at Endview Plantation will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to): ticks, chiggers, poison ivy/oak, and bees. I further acknowledge that the site and its staff are not responsible for any bug bites, sunburns or possible illnesses that may result from my child participating in the outdoor activities. My signature below authorizes the staff at Endview Plantation to request emergency treatment for my child if the situation warrants and I am unable to be contacted. I also understand that parents/guardians are not allowed on the battlefield or to attend with their children due to safety concerns.

____________________________ ___________________
Signature of Parent/Legal Guardian Date

Photo Release
I understand that my child’s picture may be taken during the Civil War Summer Camp as part of a promotion and/or coverage by local media. I grant my permission for my child’s name and/or picture to be used for these purposes.

____________________________ ___________________
Signature of Parent/Legal Guardian Date
Camp Selection: Please mark your first (1st) and second (2nd) choices. Camp hours are 9am to 3pm.

Week 1: June 22-25
Confederate ________
Union ________

Week 2: July 27-30
Confederate ________
Union ________

Payment: The fee per child is $160. Payment is by check or credit card. Please circle one:

CHECK      CREDIT CARD      Amount:$________

- For check, please make payable to The Civil War at Endview and staple to this form.
- For credit card, please complete the following information:

Cardholder name (print): ___________________________________________
Credit card type (circle one):* VISA MASTERCARD
*A transaction receipt will be included with your confirmation letter.
Complete card number: _______ - _______ - _______ - _______ Exp. Date: ____/____
Cardholder signature: ___________________________________________

Please mail all three pages of registration to:

Endview Plantation
362 Yorktown Road
Newport News, VA  23603

757.887.1862 • endview@nngov.com
EMERGENCY MEDICAL AUTHORIZATION
(Must be filled out and returned for your child to participate)
City of Newport News, Department of Historic Services

Child’s name: _______________________
Date of Birth: _____/___/____

Name of Parent(s)/Legal Guardian(s)*: ____________________________________
Street Address: _________________________________________________________
City: __________________________ State: ___________ Zip: ___________
Home Phone: (_____) __________ Mobile Phone: (_____) __________

Any allergies?: ____________________________________________________________
Any medications?: _________________________________________________________
Is there any additional medical information we should know about your child?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Statement, Insurance, and Physician Information
The parent(s)/legal guardian(s) named above hereby authorize(s) Endview Plantation, City of
Newport News, to obtain immediate medical care, and consents to the hospitalization of, the
performance of necessary diagnostic tests upon, the use of surgery upon, and/or the
administration of drugs to his/her child if an emergency occurs when he/she cannot be located
immediately, with the following exceptions:

________________________________________________________________________
________________________________________________________________________

It also is understood that this agreement covers only those situations which are true emergencies,
and only when a parent/legal guardian cannot be reached. Otherwise, he/she expects to be notified
immediately.

1. I/we will be responsible for payment of medical care expenses.
   o Yes
   o No

2. Medical treatment costs are covered by:
   o Medical Insurance
     Insurance Company: _________________________
     Identification Number: _________________________
     Group Number: ________________________________
   o No Insurance

   Address: __________________________________________

Signature (signifies authorization)

_________________________________ _________________________
Signature of Parent/Legal Guardian Date

_________________________________ _________________________
Signature of Parent/Legal Guardian Date