

Children's Civil War Camp

Summer 2012

Information For Parents and Guardians

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

Changes to Camps

Due to cutbacks in our budget and staffing, there will be 2 Civil War camp sessions. Each Civil War camp must have a minimum of 12 children signed up per side. If a camp needs to be canceled, we will do our best to accommodate them in another camp or if needed, will offer a refund. A decision will be made 2 weeks prior to the camp. We appreciate your understanding as we do our best to operate these camps under these circumstances.

The numbers of campers allowed in each camp has been adjusted. Each side will have a 16 person company for ages 8-11 and another 16 person company of sharpshooters for ages 11-13. The sharpshooters will receive advanced training in how sharpshooters were trained and operated with the armies. It is preferred but not required that 11 year olds who sign up for the sharpshooter company have participated in our camps before and therefore have background knowledge of the drill and style of fighting used during the Civil War.

Dates and Times

This year, the soldiers' camp will concentrate on the 150th Anniversary of the war. Participants will learn about the leaders of the armies and the battles that were fought in 1862.

- June 25-28
- July 23-26

- 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 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 Civil War at Endview* 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 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. 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.

2012 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: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Mobile Phone: (____) _____

Emergency Contact Information: (MUST be completed)

Name: _____ Relationship: _____
Street Address: _____
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 25-28
 Confederate (ages 8-11) _____
 Confederate sharpshooter (ages 11-13) _____
 Union (ages 8-11) _____
 Union sharpshooter (ages 11-13) _____

Week 2: July 23-26
 Confederate (ages 8-11) _____
 Confederate sharpshooter (ages 11-13) _____
 Union (ages 8-11) _____
 Union sharpshooter (ages 11-13) _____

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: ____/____/____
Month/Day/Year

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.
 - Yes
 - No
2. Medical treatment costs are covered by:
 - Medical Insurance
Insurance Company: _____
Identification Number: _____
Group Number: _____
 - No Insurance
3. Child's Physician: _____ Telephone: _____
Address: _____

Signature (signifies authorization)

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date