



# CAMP SHARLIE 2022

Please complete and email to [concierge@shorelodge.com](mailto:concierge@shorelodge.com) or turn in the first day your child(ren) attends Camp.

Camper #1 Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Camper #2 Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## EMERGENCY CONTACT INFO / AUTHORIZATION TO RELEASE

Shore Lodge Whitetail LLC, an Idaho limited liability company d/b/a Shore Lodge and Whitetail Club ("Shore Lodge"), the organizer of Camp Sharlie ("Camp Sharlie") will only release campers to the custody of their parent(s) or legal guardians unless there is prior notification to the contrary provided in writing to the Camp Coordinator by that parent or legal guardian. Therefore, Camp Sharlie is authorized to release the above-named camper(s) only to the care of those listed below:

Legal Name	Relationship	Cell Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Any additional info you would like us to know: (Please indicate medical concerns on the attached health form)

\_\_\_\_\_  
\_\_\_\_\_

Half Day \$46

Daily Rate \$70

2 Day Rate \$115

Special Event \_\_\_\_\_

Select your Child's T-Shirt Size:

- \_\_\_\_\_ Youth Small
- \_\_\_\_\_ Youth Medium
- \_\_\_\_\_ Youth Large
- \_\_\_\_\_ Adult Small

**\*\*\* Camp coordinator prepares staff and activities based off the registered camper numbers. If camper wishes to attend camp for additional days that are not noted on this form, parents must notify the camp coordinator or the Shore Concierge by 4:00 p.m. the day prior.**

# TERMS OF AGREEMENT

PAYMENT INFORMATION:

Guest: (Room # \_\_\_\_\_)

Name: \_\_\_\_\_

Dates Attending Camp: \_\_\_\_\_

This enrollment agreement is not valid unless signed by a parent or legal guardian and is subject to the following additional terms.

- Due to the seasonal nature of summer camping and the set limitation on spaces offered, **no refunds will be provided for absences, changes, withdrawals, sickness or dismissal for cause, 24 hours prior to your registered camp start date.** This includes any pricing packages. i.e.: if a guest does not cancel 24hrs prior to arrival, they will be charged for the value of the entire reservation, not only one day of the reservation.
- For the safety and general welfare of all campers, Camp Sharlie reserves the right to dismiss a camper whose conduct or influence, in the opinion of the Camp Coordinator, is detrimental to the best interests of Camp Sharlie.
- Camp Sharlie is not responsible for the loss of clothing, equipment, or other personal belongings.
- Camp Sharlie reserves the right to use photographs/videos of campers for promotional purposes, and the parent/legal guardian authorizes such use without compensation.
- With this enrollment, permission is granted for the enrolled camper to participate in all activities and trips.
- I hereby give Camp Sharlie permission to take the children enrolled by me at Camp Sharlie to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills are my responsibility.
- I acknowledge, agree, and represent that I understand the nature of the activities at Camp Sharlie ("Activities") and that (a) the children enrolled by me at Camp Sharlie is/are qualified, in good health, and in proper physical condition to participate in the Activities, (b) participation in the Activities and use of facilities, boats, bicycles, vehicles, and other equipment and/or services (collectively, "Equipment or Services") involves inherent risks, dangers and hazards; (c) participation in the Activities and/or use of the Equipment or Services may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, or other ailments that could cause serious disability from foreseeable or unforeseeable causes; and (d) I on behalf of myself and/or the children enrolled at Camp Sharlie hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of Shore Lodge and its owners, agents, officers, or employees or by any other person (excluding only gross negligence or reckless conduct).

I, on behalf of myself, and the children enrolled by me at Camp Sharlie, and our respective personal representatives and heirs hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify Shore Lodge and its owners, agents, officers and employees from any and all claims, liabilities, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or from other damage or injury that otherwise may arise out of use of any Equipment or Services or participation in the Activities (excluding only gross negligence or willful misconduct). I specifically understand that I on behalf of myself and the minor(s) identified below am releasing, discharging and waiving claims or actions that I and the children enrolled by me at Camp Sharlie may have now or in the future for the negligent acts or other conduct by Shore Lodge or its -owners, agents, officers or employees (excluding only gross negligence or willful misconduct). **I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT AGREE AND INTEND TO EXEMPT AND RELIEVE SHORE LODGE, ITS OWNERS, AGENTS, OFFICERS AND EMPLOYEES, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE TO THE FULLEST EXTENT PERMITTED BY IDAHO LAW TO MYSELF AND/OR THE MINOR(S) IDENTIFIED ABOVE.**

- I have read the terms of agreement above and understand their terms and accept their conditions. The laws of Idaho shall control any dispute that may arise out of this agreement or otherwise between the parties, and the venue for such action shall be in Valley County, Idaho. If any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue and remain in full force and effect. This is the entire agreement between the undersigned and Shore Lodge

Signature \_\_\_\_\_ Date: \_\_\_\_\_, 2022

# CAMPER HEALTH FORM



Camper Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender M  F

Home Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**ADDITIONAL EMERGENCY NOTIFICATION:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is your child currently receiving any form of medical treatment or taking any medication? Yes  No

Please explain \_\_\_\_\_

Name of physician treating for above: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

<p><b>Health History</b> (please check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Ear Infections</td> <td><input type="checkbox"/> Measles</td> </tr> <tr> <td><input type="checkbox"/> Glasses/Contact Lenses</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Heart Disease/Defect</td> <td><input type="checkbox"/> Hepatitis</td> </tr> <tr> <td><input type="checkbox"/> Seizure Disorder</td> <td><input type="checkbox"/> Bleeding/Clotting Disorders</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Psychiatric Treatment</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Bedwetter</td> </tr> <tr> <td><input type="checkbox"/> Pneumonia</td> <td><input type="checkbox"/> Hypertension</td> </tr> <tr> <td><input type="checkbox"/> Headaches</td> <td><input type="checkbox"/> Hyperactive</td> </tr> <tr> <td><input type="checkbox"/> Nose Bleeds</td> <td><input type="checkbox"/> Mononucleosis</td> </tr> <tr> <td><input type="checkbox"/> Chicken Pox</td> <td><input type="checkbox"/> Hearing Aid</td> </tr> </table>	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Measles	<input type="checkbox"/> Glasses/Contact Lenses	<input type="checkbox"/> Mumps	<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Psychiatric Treatment	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bedwetter	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hearing Aid	<p><b>Allergies</b> (please check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Penicillin</td> </tr> <tr> <td><input type="checkbox"/> Sulfa</td> </tr> <tr> <td><input type="checkbox"/> Aspirin</td> </tr> <tr> <td><input type="checkbox"/> Hay Fever</td> </tr> <tr> <td><input type="checkbox"/> Ragweed</td> </tr> <tr> <td><input type="checkbox"/> Ivy Poisons</td> </tr> <tr> <td><input type="checkbox"/> Insect Bites/Stings</td> </tr> <tr> <td><input type="checkbox"/> Food Allergies _____</td> </tr> <tr> <td><input type="checkbox"/> Other Drugs _____</td> </tr> </table>	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Ragweed	<input type="checkbox"/> Ivy Poisons	<input type="checkbox"/> Insect Bites/Stings	<input type="checkbox"/> Food Allergies _____	<input type="checkbox"/> Other Drugs _____
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Measles																													
<input type="checkbox"/> Glasses/Contact Lenses	<input type="checkbox"/> Mumps																													
<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Hepatitis																													
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Bleeding/Clotting Disorders																													
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Psychiatric Treatment																													
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bedwetter																													
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Hypertension																													
<input type="checkbox"/> Headaches	<input type="checkbox"/> Hyperactive																													
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Mononucleosis																													
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hearing Aid																													
<input type="checkbox"/> Penicillin																														
<input type="checkbox"/> Sulfa																														
<input type="checkbox"/> Aspirin																														
<input type="checkbox"/> Hay Fever																														
<input type="checkbox"/> Ragweed																														
<input type="checkbox"/> Ivy Poisons																														
<input type="checkbox"/> Insect Bites/Stings																														
<input type="checkbox"/> Food Allergies _____																														
<input type="checkbox"/> Other Drugs _____																														

**Insurance Information**

Is the camper covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_

Group # \_\_\_\_\_

Prescription Plan # \_\_\_\_\_

**You must attach copy of health insurance card and prescription plan card to be used in the event that medical treatment or medication is required.**

**Medical Permission Statement** (must be completed before your child can be admitted to camp):

This health history is correct and complete. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Camp Sharlie to provide routine health care, administer prescribed medications and seek emergency medical treatment including hospitalization, authorize x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## CAMP SHARLIE: CAMPER MANUAL 2022

Dear CAMP SHARLIE FAMILIES,

Welcome to our Camp family! All of us at Shore Lodge and Whitetail Club look forward to an exciting and wonderful summer of laughter and memories that last a lifetime. Please read through the camper manual below and should you have any questions at all, please do not hesitate to contact us at your earliest convenience. Welcome to camp, “Where the adventure never stops”.

---

### CAMPER AGES

Camp is from Ages 5 to 12.

### CAMP TIMES

The Camp program operates from 9 AM to 4 PM. Please meet your counselor in the Shore Lodge game room at 8:30a.m. Pick up is between 4:00-4:30 p.m.

### REGISTRATIONS, CANCELLATIONS AND REFUNDS

Registration has already begun and space will be limited. Once a week is full, we will start a waiting list and will let you know should a space open up. A credit card guarantee is due upon registration. We accept Room Charge only.

- **Cancellations:** 24 Hour Cancellation Policy. Due to the seasonal nature of summer camping and the set limitation on spaces offered, **no refunds should be provided for absences, changes, withdrawals, or dismissal for cause 24 hours prior to your registered camp start date.** This includes any pricing packages. i.e.: if a guest does not cancel 24hrs prior to arrival, they will be charged for the value of the entire reservation, not only one day of the reservation.

### CAMPER ENROLLMENT FORM AND HEALTH FORM

The camper enrollment form AND health form must be submitted by the first day of camp. You can email the forms to [concierge@shorelodge.com](mailto:concierge@shorelodge.com) or fax it to us at 208-634-7504, or turn it in to the lead counselor on the first day of camp.

## ARRIVAL AND PICK UP PROCEDURES

Parents (or authorized guardian on their enrollment form) must check-in and check-out their children to camp every day. For their safety, children are not allowed to be dropped off, or check themselves in or out. If you would like to pick up your child before normal camp dismissal, please inform the site coordinator, so that we can have your child ready to depart on time.

## WHAT TO PACK

Camp T-shirt must be worn each day at camp. Camper T-shirts will be provided for you on the first day of camp. One T-shirt will be given for each registered day and multi-day rates. Three shirts will be given for weekly and monthly registration. Additional shirts may be purchased from the coordinator for an additional \$25. Campers should dress in comfortable shorts, the official camp T-shirt and sneakers each day.

The following items should be brought to camp each day in a backpack:

1. Flip Flops for the pool only
2. Hat or Cap
3. Water bottle
4. Sunscreen (Spray preferred)
5. Swimsuit
6. Towel
7. Extra snacks (Optional)

Please remember that Shore Lodge and Whitetail Club are not responsible for any items brought to camp. All lost items or left items will be returned to their owners. **PLEASE MAKE SURE TO LABEL EVERYTHING.**

If items are not labeled and we cannot locate the owner, the items will be donated at the end of the summer.

## WHAT \*NOT\* TO PACK

Electronic gaming systems, books, etc. are not allowed if your child is at camp, as well as any shoes with wheels (Heelys), expensive jewelry or items with sentimental value. Remember, we will be active every day so it is easy for items to get lost, dirty, or broken if they do not belong in the camp environment.

## CAMPER EXPECTATIONS

Parents, please discuss the following Camp Rules with your camper(s) before the start of the camp season:

### CAMPER RULES:

1. Stay with your group and listen to your counselors at all times.
2. Be courteous with the words you use. Inappropriate language will not be tolerated.
3. Keep your hands and feet to yourself at all times.
4. Be respectful of other's belongings. Do not take anything that is not yours.
5. Respect your environment by throwing out all trash, and returning equipment to its proper place after use.
6. Always follow the Golden Rule – Treat others as you wish to be treated.
7. Keep a positive attitude.
8. Learn, be patient, honest and responsible for your actions.
9. Swimmers are required to pass a swim test; those unable to pass or choose to not take the test will be required to wear a life jacket for all water activities. **All campers must wear a life jacket while swimming in the lake, regardless of whether or not they passed the swim test.**
10. You are at camp to have a fun, safe and exciting time, make new friends, try new activities, and feel great about yourself.

## DISCIPLINE

Shore Lodge and Whitetail Club reserves the right to dismiss any camper for inappropriate or unsafe behavior. The camp coordinator will always make an effort to discuss and resolve any issues with a camper with their parents or guardian. If a problem persists and cannot be corrected, the decision to dismiss a camper will be made by the camp coordinator in consultation with management. No refunds will be given for children who are dismissed from camp.

### THE CAMP STAFF

Your camp staff is some of the finest and caring adults. They are teachers, educators, coaches and college students usually majoring in education or other related fields. All staff are Heart Saver Adult and Pediatric First Aid and CPR Certified by the American Heart Association and have passed background checks on the federal, state and local levels. Should there ever be an issue with a staff member, please do not hesitate to contact us immediately and we will resolve any issues you may have. Great feedback is always welcome as well.

### SUNSCREEN

We feel strongly about the inherent dangers of exposure to the sun. Please make sure to pack sunscreen spray and we will reapply it throughout the day.

### ILLNESS AND EMERGENCY PROCEDURES

If your child wakes up ill, please keep them at home for the day. We ask for your consideration for the health of all of our campers and staff. If a child is injured or becomes ill during the camp day, you will be notified. If the illness or injury is significant to the extent that they can no longer participate in camp activities, you will be notified immediately and asked to pick up your child.

In the unlikely event that an injury or illness requires emergency care, you will be notified immediately. The camp staff will contact 911, and the emergency medical system will transport your child with an accompanying staff member to an emergency care facility. Parents or the designated guardian will be responsible for any medical fees incurred.

In the case of severe weather, Shore Lodge and Whitetail Club reserve the right to cancel any activities that may endanger our campers.

### LUNCH AND SNACKS

We provide a delicious lunch, afternoon snack and beverage daily. Additional snacks and/or drinks may be sent in a cooler or backpack. PLEASE MAKE SURE TO INFORM US IF YOUR CHILD HAS ANY FOOD ALLERGIES OR DIETARY RESTRICTIONS.

### CONTACTING YOUR CAMP COORDINATOR

Should you need to contact your camp coordinator, please contact the Shore Lodge reservations desk at 800-657-6464 and we will relay the message to them and have them return your call as soon as possible.

### CUSTOMER SERVICE AND QUESTIONS

Our biggest goal is making sure that all of our campers, parents and family's experiences are the best that they can be. We want to exceed all of your expectations and provide you with any help that you need. Please do not hesitate to contact us at your convenience by phone at 800-657-6464 or by email at [concierge@shorelodge.com](mailto:concierge@shorelodge.com).

Brought to you by:

*Shore Lodge*

MCCALL, IDAHO

*Whitetail*

PHOTO RELEASE

I grant Shore Lodge, its representatives and employees the right to take photographs of me or my minor child and my property in connection with Camp Sharlie. I authorize Shore Lodge, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Shore Lodge may use such photographs of me or my minor child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:   Signature, parent or guardian \_\_\_\_\_  
Printed name \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_