Lowcountry Field of Dreams

Parent Handbook



**Arrival and Departure**

Campers should arrive at camp Thursday evening after school or around 5 to 7pm. Check in will take place in the mess hall cabin. Parents will be able to drop off medications and register their child.

Check out is on Sunday, beginning around noon at the mess hall cabin following the awards ceremony and lunch.

**Lost and Found**

We do our best to have our campers packed with all their belongings on Sunday before their departure. Due to a large amount of campers and possessions, we have a difficult time locating lost items and sending them home, so be sure you leave with everything you came with. All items left behind are kept for a short period of time and then donated.

**Food**

We provide ample, balanced meals and snacks throughout your child’s weekend stay.

**Medications**

All medications will need to be dropped off at registration during check in. Medications must be labeled with the child's name, medication name and strength, dosage and the prescribing doctor's name on each bottle. Please also send written directions for administering the medicine. Place medications and instructions in a plastic bag with the child’s name printed in bold letters on the outside. Please be sure to pick up medications during check out on Sunday.

**Parent Notification of Injury or Illness**

In the event of an injury or illness during camp, parents will be notified in the event that:

* Your camper has an injury or illness that removes them from activities for a prolonged period of time.
* Your camper has an injury or illness that required them to stay in the cabins.
* It is determined that your camper needs additional medical attention away from camp.
* Your camper’s illness, injury or emotional health presents concerns for their ability to have a positive experience at camp.
* We feel there is a concern for our camper’s mental health state.

Please make sure to leave contact info with our camp staff if you leave hunt camp.

**Disciplinary Procedures**

Safety is priority at Lowcountry Field of Dreams. It is imperative that your child understands the need to adhere to all rules to help ensure the safety of their fellow campers, counselors, shooting instructors and themselves. Our counselors strive to make camp life fun while practicing safety first! The counselor serves as a “parent figure” during your child’s stay. Please talk to your child about the importance of communicating with his or her counselor should issues arise that negatively impact his or her camp experience. It is our goal to first prevent and then correct any problems that occur at camp; however, we cannot correct a situation we are not aware of. The first violation of rules will issue a verbal warning. Violations occurring after this warning has been administered will result in time outs/removal of activity privileges. Any violations occurring after the second warning will result in a course of action to be taken regarding misbehavior.

**Confidential information**

It is very important to our staff that your child have the best time possible. Information provided by guardians will only be available to huntmasters and chaperones in order to provide a quality experience for your camper and prevent any embarrassments that delicate information may cause for your camper. We will accommodate your camper’s needs in every way possible.

**Required Forms:**

**Medical consent form**

This form will need to be completed during the registration for medical purposes. By signing this form, you will be giving Lowcountry Field of Dreams the right to treat; as well as, the right to take campers to urgent care/hospital in the case of an emergency.

**Packing list**

* Pillow and bedding for twin bed • 3 pair of dark colored/camouflage pants

(sleeping bags are recommended) • 4 T-shirts

* 1 Pair of boots or tennis shoes • 4 Pairs of socks
* Long sleeve shirts/jacket • Towel and washcloth
* Toiletries: soap/shampoo/deodorant,

Comb/brush

**Please Dress for current Weather and bring a jacket for unexpected weather!!**

**Prohibited items**

* Electronics • Alcohol
* Knives • Drugs
* Lighters • Pets
* Fireworks

**Directions to Lowcountry Field of Dreams**

**Coming from I-95 north or south:** go to I-26 east to exit 189. After coming off the ramp, continue straight on and through the 4-way stop. Camp will be approx. 1.5 miles on the left.

**Coming from Myrtle Beach area:** take 17 south to Highway 176 (Carnes Crossroads) approximately 5 miles from I-26, take a right on 176 west and travel 8 to 9 miles to Lebanon Quick stop on the left, go 1 mile past Quick stop and take a left by Mead West-Vaco building on the left on Volvo road. Camp is on the right just past a small bridge. Signs will be on both ends of Volvo road.

If you get lost call Billy Wayne at 843-908-3874 for help. If you use GPS the address for the WESTVACO CAMP is 3323 State rd. Ridgeville SC 29472.



**Contact info:**

Billy Wayne Chambers - President Tracie Tackett - Secretary

843-908-3874 843-475-7629

*lowcountryfieldofdreams@yahoo.com*

**Thank you for letting us take your child on an adventure that we hope will last a lifetime.**

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication List and directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special instructions/restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Waiver and Consent Form**

**Authorization and Acknowledgement**: By signing this waiver and consent, I, the legal parent/guardian grant permission for myself/children to participate in any and all activities, including hunting, fishing/boating, tree stand climbing and hiking under the supervision of certified instructors at Lowcountry Field of Dreams (LCFOD) unless otherwise specified on the LCFOD medical form. I recognize and acknowledge the inherent risks that these activities may present for me/my children.

I acknowledge that the possession or use of alcoholic beverages and illegal drugs are strictly forbidden. I understand the possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property (with exception for firearms used in our hunts which are kept in a secure area).

**Medical Consent**: Lowcountry Field of Dreams will make every effort to contact me in the case of an emergency. I give my permission for LCFOD and its staff to administer any medications needed to provide and arrange for any necessary medical treatment to my children while at LCFOD, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

□ I accept **<OR>** □ I decline medical care for my child.

Photography Release: In consideration of my child's participation at Lowcountry Field of Dreams, and without any further consideration from LCFOD, I hereby grant permission to LCFOD and its staff to utilize my child's appearance, performance or voice in any and all manner and media throughout the world for purpose of promotion, reporting or publication. LCFOD may use my child's name, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

□ I accept **<OR>** □ I decline photography release for my child.

I have read this form carefully and have had all questions answered before signing this legal document and giving the consent and waivers contained in it. I acknowledge that this is a legal document and I will be bound by my agreement to its terms. I represent to Lowcountry Field of Dreams that all information provided in the medical form is accurate and complete and that I have the legal authority to provide consent on behalf of my child.

Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian must sign. Signature represents legal authority for the child listed above.**

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11-2019