



Instructions for Parents

Important information - Please Read!

1. **Age and Geographic Region:** Children from anywhere in New Hampshire are eligible to participate. Children attending the regular camp week should be between 9 and 12 years of age. Young teens attending the Ranger sessions should be between 13-15 years of age. Campers wishing to enroll in the Counselor-In-Training (CIT) program should be 16 years of age or older.
2. **Income Eligibility:** HOUSEHOLD income, not family income, must fall at or below the listed levels of the USDA income guidelines for the free and reduced school lunch program.
3. **Group Functionality:** Campers must be physically, mentally and emotional able to cope with summer camp life and spending time away from home. Campers must be able to function independently in a group setting. Each camper is given plenty of individual attention and we uphold a remarkable 3:1 counselor-to-camper ratio. However, Copper Cannon is not a special needs camp and we do not have the staff to provide a round-the-clock, one-on-one specialist for a child if he or she cannot function properly on their own. If you have questions or concerns, please contact Copper Cannon at 603-823-8107.
4. **Automatic Eligibility Guidelines:** A potential camper that meets any of the following guidelines is considered automatically eligible for Copper Cannon:
 - A child in foster care
 - A family on welfare
 - A family on the Food Stamp or ADFC program
5. **Nondiscrimination:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
6. **All applications must be sent by mail.** (P.O. Box 124 Franconia, NH 03580)
Campers will be registered on a first come, first serve basis with sessions being filled with a completed application. Campers may register for only one session of camp per summer.
7. **Responsibilities:**
 - Transportation:** To and from Copper Cannon is the responsibility of the parent, guardian or referral agent.
 - Camper Application Form:** Must be filled out completely and signed by legal guardians
 - Medical Forms:** A copy of the applicant's last physical (must be within 18 months) and immunization record must accompany application in order for the child to be accepted into the summer program.
8. **Check list: Be sure to include all required paperwork**
 - Application
 - Medical History Form, Medication form (if applicable) AND a copy of latest physical (must have been with the past 18 months) & Immunization records.
 - Application Form for free or reduced school lunch (two pages)



This section to be filled out by the organization recruiting the child on this application:
 Name of organization: _____
 Name of person – recruiting for organization: _____

2017 Application Form

COPPER CANNON CAMP

P.O. Box 124 Franconia, NH 03580
 603-823-8107

Camper Name _____ Last _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone # _____ Birth Date _____ Grade in Sept 2017 _____ Sex: (circle one) Male Female

Please tell us how to reach you while your camper is with us.

Parent/Guardian _____

Relationship to camper _____

Daytime phone # _____

Cell phone # _____

Email _____

Parent/Guardian _____

Relationship to camper _____

Daytime phone # _____

Cell phone # _____

Other emergency contact _____

Relationship to camper _____

Phone # _____

If parents are divorced or separated, who has legal custody of child?

Has your child attended CCC before? Yes / No
 When: _____

How did you learn about Copper Cannon Camp? _____

Would you be interested in volunteer opportunities with Copper Cannon? Yes / No

I hereby request that my child be accepted to attend Copper Cannon camp. I understand and am aware my child will be participating in many physical activities and the potential for injuries does exist. I indemnify and hold harmless Copper Cannon camp and/or its staff from any and all liability claims, damage, injury or illness sustained. I grant permission for Copper Cannon to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included. Should my child require special medical treatment, prescriptions or hospital care during the camp session, parents/guardians shall bear the expense. I agree Copper Cannon may photograph or videotape my child for use in promotional and social media materials.

Parent/Guardian Name: _____ Relationship to child: _____

Signature: _____ Date Signed: _____

Traditional Summer Camp Sessions

Ages 9-12

June 25-July 1

July 2-July 8

July 9-July 15

July 16-July 21 (six day)

July 23 – July 29

July 30-August 6

August 6-August 12

If your first choice is full, you will be given your second sessions according to your preference. Please place second choice, (3) by your third choice and so on.

What is the best way to notify you of your camper's acceptance?
 (circle one) Email: _____ Letter mailed to home address

Ages 13-15 unless otherwise noted

7/2-7/8 Ranger High Adventure (Backpacking) Involves camping out in the woods each night (mostly at camp) and several days of extensive hiking. No previous backpacking experience for this session is required, but a good attitude and a willingness for exploration and roughing it are absolutely essential.

8/6-8/12 Ranger High Adventure (Backpacking)

7/9-7/15 Mountain Bike Challenge – No previous mountain biking experience is required, however we recommend that participants at least have an interest to learn and get better at mountain biking. Plenty of time will be spent learning about the bikes and riding on the trails. a good attitude is essential.

7/16-7/21 Mountain Bike Challenge (six day)

8/13-8/19 Ranger Week –A traditional camp week where teens 13-15 can still enjoy all of the summer camp experiences you get as a kid but on a more mature level designed for teenagers.

Last Chance Camp 7/23-7/29 This is for those 15 and 16 year olds who want one last time as a camper. The program will include a mix of hiking, biking and regular camp activities.

Counselor in Training (CIT) 7/2-7/21 For 16 year olds interested in becoming future staff. Please include an essay of why you would make a good CIT. This is a three-week program.



2017 HEALTH HISTORY

A copy of the camper's last physical (must have been done within the past 18 months) & immunization records must accompany

Camper Name _____ Last _____

SEX: (circle one) Male Female Age on arrival at camp: _____

General Health History: Answer YES or NO for each statement. Explain "Yes" answers

Has/does the camper:

1. Ever been hospitalized? _____
2. Ever had surgery? _____
3. Have recurrent/chronic illness? _____
4. Had a recent infectious disease? _____
5. Had a recent injury? _____
6. Had asthma/wheezing/shortness of breath? _____
7. Have diabetes? _____
8. Had seizures? _____
9. Had headaches? _____
10. Wear glasses, contact or protective eyewear? _____
11. Had fainting or dizziness? _____
12. Have allergies? _____
13. Had mononucleosis ("mono") during the past 12 months? _____
14. If female, have problems with periods/menstruation? _____
15. Have problems with falling asleep/sleepwalking? _____
16. Have a history of bedwetting? _____
17. Have problems with diarrhea/constipation? _____
18. Have any skin problems? _____
19. Traveled outside the country in the past 9 months? (if yes, please provide where and dates of travel) _____
20. Bee sting reactions? _____
21. During the past 12 months, has the camper seen a profession to address mental / emotional health concerns? _____
22. Has the camper had a significant life event that continues to affect their life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.) _____

23. Please provide any additional information about the camper's health you think is important or that may affect the camper's ability to participate in the camp program: _____

Health-Care Providers / Medical Insurance Info:

Name of camper's physician/clinic: _____ Town: _____ Phone: () _____

This camper is covered by family medical/hospital insurance? Yes / No (Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable)

Insurance Company: _____ Policy Number: _____

Parent / guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship: _____ Preferred emergency contact number: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to camper: _____ Preferred phone: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

All the information, health history and physician's examination on this medical form, is correct so far as I know, and the camper herin described has permission to engage in all prescribed camp activities, except as noted by me (parent/guardian), and the examining physician. I hereby give permission to Copper Cannon Camp to provide routine health care, administer prescribed medication and seek emergency medical treatment including ordering 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. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above.

Signature of Parent/guardian _____ Date: ____/____/____

Camper Medication Form

NOTE - PLEASE READ

This page must be filled out completely and signed by the parent/guardian AND the physician if the child is on any medications. If there is any change to either the medications or dosages, as indicated by the physician below, the parent/guardian must have in writing these changes from the physician who prescribed the medications. This note of change must be given to camp staff at check-in on the first day of camp. The child cannot be accepted into the program without this note of change from the prescribing physician. This form must include all medications and treatments prescribed to this camper - this includes lotions, inhalers, liquids, allergy medications, cold medications, temporarily prescribed meds.

Camper Information

1. Camper's Name: _____ Date of birth: ____ / ____ / ____
2. Parent/Guardian: _____ Preferred Phone: _____

TO BE FILLED OUT BY PHYSICIAN ONLY

Child's Prescription Medication Information -

1. This child is coded as: ADD ADHD Other List other: _____
2. Name(s) and medical reason(s) for medication(s) to be dispensed while child is at Copper Cannon Summer Camp Program
(Include non-prescription drugs & vitamins)

Each medication listed must include accurate dosages, times and instructions. Any changes in dose, time, and frequency must be accompanied by a written physician's order or a new form.

Labels on medication containers must match this medication information form.

KEEP ALL MEDICATIONS IN ORIGINAL PRESCRIBED CONTAINER

IF MORE THAN FOUR MEDICATIONS ARE ADMINISTERED, YOU MAY COPY THIS FORM.

Name of medication	Reason for taking it	When is it given & time	dosage	How it is given
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		

PHYSICIAN'S SIGNATURE: _____ DATE: _____

I hereby authorize the designated staff person to administer the above prescribed medication according to the physician's directions in consideration for this service. I shall further agree that I will not hold liable Copper Cannon Corporation, Camp and/or the Director or employee thereof for any death or injury resulting from the administration or assistance in the administration of the medication prescribed above for my child.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

2016-2017 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____ Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____ X X X X X X _____ Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For Camp Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Household Size

Categorical Eligibility

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date