



# Copper Cannon Camp

124 Gale River Road Bethlehem, NH 03574  
Mailing address: PO Box 124 Franconia, NH 03580  
603-823-8107 [www.coppercannon.org](http://www.coppercannon.org)

## 2017 Day Camp Registration (1 per Family)

1. Camper's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_
2. Camper's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_
3. Camper's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Sessions: \* Check off each session you'd like to attend.

- July 10<sup>th</sup> – 14<sup>th</sup>       July 24<sup>th</sup> – 28<sup>th</sup>       August 14<sup>th</sup> – 18<sup>th</sup>       August 21<sup>st</sup> – 25<sup>th</sup>

### Rates/Hours for Day Camp

The regular day hours are 9a-4p. Extended hours will be from 7a-9a and 4p-5p. There is no additional charge for extended care, but please indicate if you will be utilizing this service.

Day Camp is for children completing kindergarten and up.

\* We offer a 10% discount for multiple children attending \*\*Discount is not available with financial assistance rates.

\*Cost is **per child per week**

\* \$25 "Hold My Spot Deposit" (this is credited toward cost) Deposit automatically rolls over for multiple weeks

- \$125 per week (cost & \$25 toward those less fortunate)
- \$100 per week
- \$80 per week & 2 volunteer hours
- \$55 per week & 5 volunteer hours

It is part of our mission to be accessible to all children of all financial backgrounds. Our ability to give financial aid is a critical part of ensuring the success of our program. We encourage you to ask for assistance if you need it. Please contact us for additional information and financial aid application. (823-8107) **\*\* If you owe volunteer hours from the summer of 2016, you must pay in full.**

If you are requesting financial aid, there are a variety of ways you can help camp out. The next page lists many of our volunteer opportunities. Often, we have families donate time toward the auction. We also have clean-up days that are fun for all ages! Volunteering with camp is a great family opportunity.

### Payment Method

- Cash                       Check                       Credit Card \*Please contact us with account information

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.

Print Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

# Volunteer Opportunities



## Please Check Your Top Three:

\*For additional information please contact camp

### Annual Buffet and Auction

- Attend Meetings (November-March)
- Solicitation (December-March on own time)
- Set-Up (March)
- Clean-Up (March)
- Attend Auction as Volunteer (March)

### Day Camp (Summer)

- Volunteer Staff:** You would act as a camp counselor for campers.

### Office (Year Round)

- Basic Clerical Duties**
  - Writing Thank You Notes
  - Mailers
  - Filing
  - Answering Phones

### Property Upkeep

- Clean-Up Days At Camp
- On Your Own Time
  - Fall
  - Winter
  - Spring
  - Early Summer

Other: \_\_\_\_\_

Name Print: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

# 2017 Day Camp Medical Form (ONE PER CHILD)

## Section 1: (Emergency Information & Parental Authorization)

Child's Name: (First) _____ (Last) _____	Date of Birth: __ / __ / ____	
Last grade completed: _____	Age of Child: _____	The Child is: Male <input type="checkbox"/> or Female <input type="checkbox"/>

### 1. CAMPER CAUTIONS (Check all that apply)

Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Stomach Upset	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Behavior	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Bee Stings	<input type="checkbox"/>	Poison Ivy	<input type="checkbox"/>	Special Medication	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>

**VERY IMPORTANT - You must notify Copper Cannon if your child has been exposed to any communicable disease during the 4 weeks prior to arriving at camp.**

1. Please explain any checked boxes above:

\_\_\_\_\_

\_\_\_\_\_

2. Is your child on any special medication?  Yes  No \* Will they need to take any during camp time? \_\_\_\_\_

3. Are there any restrictions for your child while at camp? \_\_\_\_\_

\_\_\_\_\_

### Parent / Legal Guardian Information

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Numbers \_\_\_\_\_

### Emergency Contacts – if parents/legal guardians are unavailable

a) Person's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

b) Person's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### \* PARENT/LEGAL 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 child (camper) herein described has permission to engage in all prescribed camp activities, except as noted by me (parent/legal guardian), and the examining physician. I hereby give permission to Copper Cannon to provide routine health care, administer prescribed medication and seek emergency medical treatment including ordering x-rays or routing 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/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_