



# 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 must fall at or below the listed levels of the USDA income guidelines for the free and reduced school lunch program. (see Free and Reduced School Meals form)
- 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. Registration forms can be mailed or emailed** (P.O. Box 124 Franconia, NH 03580) MBrown@coppercannon.org  
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. **\*\*Incomplete applications will be put on the waitlist until all required forms/information has been received.** Please see #8 below for a list of all required paperwork.
- 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: \_\_\_\_\_

## 2018 Registration 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:  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: \_\_\_\_\_ Date: \_\_\_\_\_

### Traditional Summer Camp Sessions

Ages 9-12

\_\_\_ June 24-June 30

\_\_\_ July 22 – July 28

\_\_\_ July 1-July 7

\_\_\_ August 5-August 11

\_\_\_ July 8-July 14

\_\_\_ July 15-July 20 (six day – Su-F)

If your first choice is full, you will be given your second choice, etc. We will make every attempt to fill sessions according to your preference. Please place (1) by your first session of choice, (2) by your second choice, (3) by your third choice and so on.

What is the best way to notify you of your camper's acceptance?

Email: \_\_\_\_\_  Letter mailed to home address

### Ages 13-15 unless otherwise noted

- 7/1-7/7 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.
- 8/5-8/11 Ranger High Adventure (Backpacking)**
- 7/8-7/14 Mountain Bike Adventure** – 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.
- 7/15-7/20 Mountain Bike Adventure (six day Su-Fri)**
- 8/12-8/18 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 7/22-7/28** 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) 7/1-7/20** 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. (Please note pick up is on a Friday)

# 2017-2018 Prototype 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?<br>Yes No                                | Foster Child             | Homeless, Migrant, Runaway |
|----------------------|----------------------|----------------------|----------------------|---|--------------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
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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/<br>Child Support/Alimony  | How often?            |                       |                       |                       | Pensions/Retirement/<br>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="text"/>                             | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| <input type="text"/>                             | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <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           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





# 2018 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:  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 herein 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 _____<br><input type="checkbox"/> Afternoon _____<br><input type="checkbox"/> Evening _____ |        |                 |
|                    |                      | <input type="checkbox"/> Morning _____<br><input type="checkbox"/> Afternoon _____<br><input type="checkbox"/> Evening _____ |        |                 |
|                    |                      | <input type="checkbox"/> Morning _____<br><input type="checkbox"/> Afternoon _____<br><input type="checkbox"/> Evening _____ |        |                 |
|                    |                      | <input type="checkbox"/> Morning _____<br><input type="checkbox"/> Afternoon _____<br><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: \_\_\_\_\_