



**COPPER CANNON CAMP**

**2019  
Registration Form**

P.O. Box 124 Franconia, NH  
03580  
603.823.8107

**PLEASE PRINT**

Camper Name: \_\_\_\_\_ Last: \_\_\_\_\_

Male  Female Grade in Fall 2019 \_\_\_\_\_

Birth Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Camper's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please tell us how to reach you while your camper is with us: (parent/guardian and/or decision-making authority)**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Second parent/guardian with legal custody**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

If parents are divorced or separated, who has legal custody of child? \_\_\_\_\_ Are there any court orders we need to be aware of? **Yes** **NO**

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

**Traditional Summer Camp Sessions**

**Ages 9-12**

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

\_\_\_ **Session 1** (6/23-6/29)

\_\_\_ **Session 2** (6/30-7/6)

\_\_\_ **Session 3** (7/7-7/13)

\_\_\_ **Session 4** (7/14-7/19)  
This is a 6-day session

\_\_\_ **Session 5** (7/21-7/27)

\_\_\_ **Session 6** (7/28-8/3)

\_\_\_ **Session 7** (8/4-8/10)

**Elks Lodges Helping:**

If you are interested in transportation from a lodge, please contact them directly.

**Coming Soon**

**Ages 13-15**

(Unless otherwise noted)

\_\_\_ **6/30-7/19 – Counselor In Training** – For 16 year olds interested in becoming future staff. Please include an essay of why you would make a good CIT. This is a 3-week program.

\_\_\_ **6/30-7/6 - 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 is required but a good attitude and willingness for exploration and roughing it are essential.

\_\_\_ **7/7-7/13 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.

\_\_\_ **7/14-7/19 Mountain Bike Adventure** (6-day session)

\_\_\_ **7/21-7/27 Last Chance Camp** – This is for those 15-16 year olds who want one last time as a camper. The program will include a mix of hiking, biking and regular camp activities.

\_\_\_ **8/4-8/10 Ranger High Adventure** (backpacking)

\_\_\_ **8/11-8/17 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.

You will be notified of your camper's acceptance to CCC by Email. Please provide a valid email address:

\_\_\_\_\_

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: \_\_\_\_\_



**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
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combatpay, FSSA or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Worker's compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

**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.

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](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](mailto:program.intake@usda.gov).  
 This institution is an equal opportunity provider.

**Do not fill out For COPPER CANNON 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  BiWeekly  2xMonth  Monthly

Household Size

Categorical Eligibility

Eligibility:  
 Free  Reduced  Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

## CAMPER INFORMATION

*The following information will help Camp to provide the best possible experience for your camper. ALL campers must be able to perform basic hygiene tasks independently (shower/toilet), navigate rough terrain at a steady pace, and follow safety instructions. **We are unable to accommodate youth who require 1-on-1 assistance, have a history of psychiatric hospitalization, violent behaviors, severe mental or physical health needs, or have not stabilized on medications.** If your camper falls into one of these categories, please call us to discuss further at 603-823-8107.*

How did you hear about Copper Cannon Camp?

Has your child attended Copper Cannon Camp Previously in any capacity?     Yes     No

If 'yes', when did your child attend?

Does your child want to come to Copper Cannon Camp?     Yes     No     I haven't discussed it with her/him

What do you hope your child gains from the camp experience?

What concerns do you or your child have about this experience?

Does your child like to do activities in the outdoors?     Yes     No

What is your child fearful of when at camp?

Share any behaviors your child has that we may experience at camp.

Check any of the following that your child does/has:

Sleep Walk                       Sleep Talk                       Snore                       Night Terrors

Has the camper ever Had a significant life event that continues to affect the camper's life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Yes     No

Please check any significant life events that your camper has experienced

- |  |  |
|--|--|
| <input type="checkbox"/> Divorce or Separation of Caregiver                            | <input type="checkbox"/> Death of Caregiver                          |
| <input type="checkbox"/> Incarceration of Caregiver                                    | <input type="checkbox"/> Lived with someone with Mental Illness      |
| <input type="checkbox"/> Lived with someone with Depression/Anxiety                    | <input type="checkbox"/> Lived with someone abusing alcohol or drugs |
| <input type="checkbox"/> Witnessed Violence  | <input type="checkbox"/> Has been a victim of Violence               |
| <input type="checkbox"/> Has been or is Violent  | <input type="checkbox"/> Housing Instability                         |
| <input type="checkbox"/> Foster Care/Adoption  | <input type="checkbox"/> Has been or is bullied                      |
| <input type="checkbox"/> Is or has been a Bully  | <input type="checkbox"/> Racism                                      |
| <input type="checkbox"/> Food Insecurity (hoarding; trading; sharing; or playing with) |  |

Elaborate on any of the above life events and/or talk about ones that were not on the list above.

Who has legal custody of the child you are registering? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other	
If "other", please explain custody.	
Signature:	Date:

<b>Camper Health History</b>	
<b><i>Provide an updated list of immunizations from your child's current physician. Campers may not attend if we do not have this information. Please see our IMMUNIZATION POLICY below.</i></b>	
<b><u>CAMPER IMMUNIZATION POLICY:</u></b>	
<i>For the safety of the camp community, all campers at Copper Cannon Camp are expected to be immunized as per the following recommendations by the American Camp Association at the minimum.</i>	
<i>MMR-Measles, mumps, and rubella diseases (MMR vaccine) because these vaccine preventable diseases are highly communicable. At a minimum this would require:</i>	
<ul style="list-style-type: none"> <li>• <i>One dose of measles vaccine, one dose of mumps vaccine, and one dose of rubella vaccine (MMR), administered no more than four days before the first birthday; or</i></li> <li>• <i>Diagnosis by a physician, physician assistant, or nurse practitioner as having had measles or mumps disease (not rubella); or</i></li> <li>• <i>Demonstrated serological evidence of measles, mumps, or rubella IgG antibodies.</i></li> </ul>	
<i>TETANUS TOXOID because the camp environment increases the risk of exposure to C. tetani bacteria. One booster dose of tetanus containing vaccine within past ten years.</i>	
<i>TDAP (adolescent and adult tetanus, diphtheria, and a cellular pertussis) vaccine is the preferred immunization; however, Td (adult tetanus and diphtheria) may be used</i>	
<ul style="list-style-type: none"> <li>• <i>Campers who are not immunized due to RELIGIOUS BELIEFS are permitted to attend Copper Cannon Camp as long as they meet the requirements of the State of New Hampshire Department of Health &amp; Human Services.</i></li> <li>• <i>In order to not compromise the health and safety of the residential camp community, campers who are not immunized due to PHILOSOPHICAL BELIEFS are not permitted to attend Copper Cannon Camp.</i></li> </ul>	
<i>Allergies: Only refer to allergies that have been diagnosed and confirmed by a physician</i>	
This camper is allergic to:	
<input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect; stings; hay fever, etc.) <input type="checkbox"/> Other	
Describe what the camper is allergic to and the reaction seen.	
This camper: <input type="checkbox"/> eats a regular diet <input type="checkbox"/> eats a regular vegetarian diet <input type="checkbox"/> has special food needs	
If "has special food needs", please describe:	
Emergency Contact Name	Relationship to Camper
Preferred Phone Number	Alternative Phone Number

Insurance Company		Policy Number	
Subscriber		Insurance Company Phone Number	

*'Medication' is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. You will have the opportunity to list medications in the next section of the Registration. We will only administer medication as it is prescribed. If the camper's prescription has changed it will need to be noted on the bottle or in a physician's note.*

*If your child will not be taking his or her prescribed medication when at camp, a doctor's authorization will be required. Please call Copper Cannon to discuss the situation at 603-823-8107.*

- This camper will **NOT** take any daily medications while attending camp.  
 This camper will take any daily medication(s) while attending camp.

If this camper will take any medication(s), specify the prescriptions and dosage including the time of day.

*The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.*

Please check any medications that are NOT to be given to your camper

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)                                       | <input type="checkbox"/> Ibuprofen (Advil; Motrin)                   |
| <input type="checkbox"/> Antihistamine/allergy medicine                                | <input type="checkbox"/> Guaifenesin cough syrup (Robitussin)        |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl)     | <input type="checkbox"/> Dextromethorphan Cough Syrup Robitussin DM) |
| <input type="checkbox"/> Sore throat spray   | <input type="checkbox"/> Generic cough drops                         |
| <input type="checkbox"/> Lice shampoo or cream (Nix or Elimate)                        | <input type="checkbox"/> Antibiotic cream                            |
| <input type="checkbox"/> Calamine lotion   | <input type="checkbox"/> Aloe  |
| <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol) |  |

*General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.*

Has/does the camper:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Ever been hospitalized                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Ever had surgery                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have recurrent/chronic illness          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had a recent infectious disease         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Had a recent injury                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have diabetes                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Ever had seizures                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have history of migraines/headaches     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Wear glasses, contacts, or protective eyewear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Had fainting or dizziness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Passed out/had chest pain during exercise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Had mononucleosis (“mono”) during the past 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. If females: has had her period	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. If female: have problems with periods/menstruation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have problems with falling asleep/sleepwalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Ever had back/join problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Have a history of bedwetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Will your child be bringing Pull-Ups with him or her to camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have problems with diarrhea/constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Have any skin problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Traveled outside the country in the past 9 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any “Yes” answers, noting the number of the questions (i.e. 2-Dec. 2, 2015 appendix). For travel outside the country, please name countries visited and dates of travel	
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*Please respond “Yes” or “No” to the following information. If you respond “Yes”, please complete the Additional Details box.*

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder  
 Yes     No
- Ever been treated for emotional or behavioral difficulties  
 Yes     No
- Admitted to having or been treated/hospitalized for an eating disorder  
 Yes     No
- During the past 12 months, seen a professional to address mental/emotional health concerns  
 Yes     No

Explain any “Yes” answers, noting the number of the questions (i.e.3-Dec. 2, 2015 hospitalized).	
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<i>Health-Care Provider Information</i>			
Name of camper’s primary doctor(s)		Phone	
Name of camper’s Therapist/Mental Health Counselor(s)		Phone	

<p>Please provide any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program.</p>	
<p><b>Permission to Treat Authorization:</b>  I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.</p> <p>If the person named herein is a minor, it is my intention that representatives of the camp be considered 'personal representatives' for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.</p> <p>In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or proxy to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.</p> <p><b>Camper Agreement</b>  I understand and agree to abide by any restrictions placed on my child's activity at camp.</p>	
<p>Signature:</p>	<p>Date:</p>

<h2>Authorizations</h2>	
<p><b>Media Release:</b>  I give my permission for my camper to be photographed while at Copper Cannon Camp. Also, I give my permission for my camper to be photographed at other events sponsored by Copper Cannon Camp. Photographs taken of my camper at Copper Cannon Camp or the camp sponsored events may be used in various publications by Copper Cannon Camp, the American Camp Association, or its agents. Photographs may be used to promote the camp experience, Copper Cannon Camp and its programs, or the American Camp Association. In addition, photos may be used (published) on social media, in magazines, newspapers, etc. and may include quotes, camper writing, videos, or other types of media.</p>	
<p><b>Activity &amp; Safety Waiver:</b>  I understand the camp's program and activities and understand there may be field trips off camp property. I understand that there are some activities at the camp where my child could risk injury. I also understand that Copper Cannon Camp has taken safety measures to minimize the risk of injury to campers and staff. However, the camp cannot guarantee that the equipment, premises and/or activities will be free of hazards, or that the campers/staff may not have an accident and/or injuries. I have spoken to my child about the importance of knowing, abiding by, and listening to the camp's rules, regulations, and safety procedures. My child and I understand and have read the Behavior Expectations Agreement on the camp's website <a href="http://www.coppercannon.org">www.coppercannon.org</a>.</p>	



**Information Release:**

Every program at Copper Cannon Camp includes information-gathering for program development, improvement, quality assurance and fundraising purposes. While every youth's experience is included in this aspect of our programs, your child's full name/identifying information will never be used on any public report or campaign. PLEASE NOTE THAT BY SUBMITTING YOUR CHILD'S REGISTRATION, YOU ARE AGREEING TO COLLECTION OF INFORMATION AND/OR DATA RELATED TO YOUR CHILD'S EXPERIENCE AT AND WITH COPPER CANNON CAMP FOR THE PURPOSES ABOVE.

**Communication Authorization:**

I understand that Copper Cannon Camp may choose to telephone, fax, email, or use other types of communication with my child's physician, social worker/case manager, referral source, therapist/mental health counselor or other camper specific resource. This type of communication will be used to gain information that will be helpful to Copper Cannon Camp making certain that my camper has a successful camp experience. I will allow these conversations to occur via phone, email, in person, or other communication that is best to gain the information needed by Copper Cannon Camp.

**No Show Agreement:**

I understand that if my child is not going to attend his or her session at Copper Cannon Camp, I MUST notify the Camp Office at 603-823-8107 at least 48 HOURS PRIOR TO THE SESSION BEGIN DATE. Without a 48 HOUR NOTIFICATION, I will be responsible for paying the \$250 No Show Fee. If my camper does not show up at camp, my camper will not be permitted to return to Copper Cannon Camp in future years without paying a \$25 refundable deposit. Copper Cannon Camp relies on donors and grant funding to support each and every camper. Each camper's expenses are approximately \$600 per week. A camper who does not show for his or her session is a loss of funding and deprives another camper from attending.

*By signing below, I understand and accept **ALL** of the above policies of Copper Cannon Camp. If I do NOT sign, I understand that my Camper can no longer be considered for a camp session unless an alternate plan is discussed and agreed to by the Camp Director. The camp can be reached at 603-823-8107.*

Signature:

Date: