

## *Teen Leadership Retreat*

If you are a Copper Cannon teenager, this could be for you. We will be having our fall Teen Leadership Retreat the weekend of October 25<sup>th</sup> to 27<sup>th</sup>. It will focus on leadership development within our campers. The weekend begins Friday before dinner and will wrap up on Sunday before lunch. Space is limited and you must be between 13 and 16 years old.

The weekend will include a series of workshops as well as some great games. Weather permitting; we will also be opportunity for a short hike at sunset to Bald Knob overlooking Echo Lake and Cannon Mountain. It is a wonderful way to reconnect with a number of camp staff and camp friends, make new ones and help Copper Cannon grow.

Who knows...maybe a Polar Bear dip in the pond!





**Copper Cannon Camp**  
**2019 Fall Teen Leadership**  
**Retreat PO Box 124**  
**Franconia, NH 03580**  
**603-823-8107**



PLEASE PRINT CLEARLY

Camper's name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School attending \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

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School attending \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_

Parent/Guardian/Primary Contact 1: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Best way to contact you? \_\_\_\_\_ home phone \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_ email

Parent/Guardian 2: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

IF WE ARE UNABLE TO REACH EITHER PARENT/GUARDIAN, WHO WOULD YOU LIKE AS AN EMERGENCY CONTACT?

NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

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 camper \_\_\_\_\_

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

**- Camper Quick Emergency Medical Information -**  
(Please complete for each camper)

**Camper Name:** \_\_\_\_\_

**Allergies**

- No Known Allergies
- To Food (list)
- To the environment (insect stings, hay fever, etc. – list)
- Other allergies: (list)

**Medication**

- No daily Medications
- Will take the following prescribed medications(s) while at camp:
  - o Name: \_\_\_\_\_
  - o Dosage: \_\_\_\_\_
  - o Frequency: \_\_\_\_\_

**Other treatments/therapies to be continued at camp: (describe below)**

**Date of camper's last tetanus shot:** \_\_\_\_\_

**Name of camper's physician/clinic:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Is the camper covered by medical insurance? Yes / No** (please include a copy of your insurance card if appropriate. Copy both sides of the card so information is readable)

**Name of medical insurance company:** \_\_\_\_\_

**Policy #** \_\_\_\_\_

This health information is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**Print Name** \_\_\_\_\_ **Relationship to camper** \_\_\_\_\_

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