



Dear Families,

Grandparents Camp is on the calendar!

Our Grandparents Camp will take place August 30th to September 2nd, 2024 at Copper Cannon Camp in Franconia. The weekend will kick-off at 8:00pm with our welcome and orientation. Check-in can begin any time after 6:00 pm. Our first meal will be Saturday breakfast, so be certain to eat before arriving.

The camp will have a combination of age appropriate and family activities. It will include all that great camp programming such as archery, arts and crafts, nature hikes and large group games. Many of our summer staff will be joining us to help facilitate the activities.

Each family will have their own cabin to call home for the camp. The cabins are rustic, but comfortable. They have bunk beds and electricity, but community shower houses. You will need to bring your own bedding and toiletries. Space is limited.

This is a time to connect with each other. Please leave all electronic games at home. If it is necessary to bring your cell phone, we ask that stays in your cabin or vehicle and not in view of others (unless taking pictures).

Family camp will be finishing Monday late morning. You will be able to make sack lunches for the drive home or exploring the Franconia Notch area.

Pete



Copper Cannon Camp – P.O. Box 124 Franconia, NH 03580  
www.coppercannon.org

# Grandparents Camp August 30th- September 2nd, 2024

---

## REGISTRATION INFORMATION

Grandarent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

<b>CHILDREN</b>	Child's Name	Age	Sex	Allergies
-----------------	--------------	-----	-----	-----------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By signing this form I understand that Copper Cannon Camp assumes no responsibility for injuries which I or my child may sustain as a result of my (or my child's) physical condition, or resulting from my (or my child's) observation or participation in any activity or use of facilities or equipment at Copper Cannon. I expressly acknowledge on behalf of myself and my heirs that I assume the risks for any injuries and illness which may result from my (or my child's) participation in these activities. I hereby release and discharge Copper Cannon Camp, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I (or my child) may suffer as a result of my (or my child's) participation in these activities.

Print name: \_\_\_\_\_ Sign name: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_