

Copper Cannon Day Camp

231 Gale River Road Bethlehem, NH 03574
Mailing address: PO Box 124 Franconia, NH 03580

program@coppercannon.org 603-823-8107 www.coppercannon.org

2024 Summer Day Camp Registration

		1.	Camper's	Name: _					Grad	de Completed:	
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		3.	Camper's	Name: _					Grac	de Completed:	
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2.	Parent#	2/Guard	dian #2 Info	rmation	Please provide a	a valid email a	address. You will r	eceive all correspond	dence to this email.	Add: "daycamp@coppercannon.org to y	our address book to ensure
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Camper Name:	(first)	(last)		
■Male ■Female	Birth Date://		Last grade completed:	-

Camper Health Form Copper Cannon Day Camp		(first)	(last)		
ZC DAY CAMP	□Male □Female	Birth Date://	Last grade	completed:	-
Emergency Contacts: (if paren	ts/legal guardians cannot be reached)				
Name	Phone #		Relationship	to camper	
Name	Phone #		Relationship	p to camper	
Educational Services: Plea	se check all that apply to yo	ur camper.			
My camper has a:	-on-1 □504	☐Behavior plan	□IEP		
Please call us with details, so that we ca	n make sure that Copper Cannon Day	Camp is a good fit for your child.			
Allergies: No known allerg	, ,	to: Food Medicine v what the camper is allergic to and the	·	t stings, hay fever etc.	Other
	,	, ,	,		
Restrictions: Please list any	restrictions your camper ma	ay have while participating	in our program and ac	ctivities:	
Medications: Keep in the original pac	kaging/bottle that identifies the prescribin	g physician (if prescription drug), the nam	ne of the medication, the dosage	, and the frequency of	administration.
☐ This camper does not take					
☐ This camper will take the fo	ollowing daily medications w	hile at camp:			
Medical Insurance Informa	tion: This camper is	s covered by family medica	I/hospital insurance	□yes	□No
Insurance Company:		Policy Numbe	r:		
Name of Primary Doctor:		Phone:			
	PARENT/LEG	GAL GUARDIAN AUTHORIZAT	 ΓΙΟΝ SIGNATURE		
including ordering x-rays or tes necessary related transportation	prescribed camp activities, exce ON CAMP to provide routine he sts. I agree to the release of an	ept as noted by me (parent/le alth care, administer prescribe y records necessary for insure cannot be reached in an eme	gal guardian), and the e ed medication and seek ance purposes. I give pe ergency, I hereby give pe	examining physici emergency med ermission to the c ermission to the	an. I hereby give ical treatment amp to arrange

by the camp to becare and daminist	in the different medicality mospitalization for the person number above.
Print Name:	Relationship to Child:
Signature of Perent/Logal Guardian	Data
Signature of Parent/Legal Guardian:	Date:



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)						
After Auction Thank you notes (can be done from home)						
□ Office (Year Round)						
□ Basic Clerical Duties						
□ Writing Thank You Notes						
□ Mailers						
□ Filing						
□ Guest presentation						
□ Property Upkeep						
□ Clean-Up Days At Camp □ On Your Own Time						
□ Fall (leaf raking)						
□ Winter						
□ Spring						
□ Early Summer						
□ Other <u>:</u>						
Name:						
E-Mail:						
Phone:						

Copper Cannon Day Camp

231 Gale River Road Bethlehem, NH 03574

Mailing address: PO Box 124 Franconia, NH 03580

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