



Instructions for Parents



Important information – Please Read!

1. **Age and Geographic Region:** Children from New Hampshire are eligible to participate. Children attending the regular camp week should be between 9 and 12 years of age. Teens attending must be between 13-16 years of age. Campers wishing to enroll in the Counselor-In-Training (CIT) program must be 16 years of age.
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 Application).
3. **Group Functionality:** Youth must be physically, mentally and emotional able to cope with camp life and spending time away from home. Youth 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. **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.
5. **Application Forms:** can be mailed to P.O. Box 124 Franconia, NH 03580 or emailed to: kgadapee@coppercannon.org . Campers will be scheduled on a first come, first serve basis with sessions being filled with a *completed application*. Campers may apply for only one session of camp per summer. ****Incomplete applications will be put on the waitlist until all required forms/information has been received.**
6. **Responsibilities of Family:**
 - 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.
 - Email a current copy of the child's IEP, 504, and/or Behavior Plan to** kgadapee@coppercannon.org
 - Maintain contact with Camp about scheduled session.** If you do not hear from Katie, contact her about your child's scheduled session.
 - Complete** the Free/Reduced Meal Plan application **OR** send in a letter from your child's school stating s/he qualifies for the Free/Reduced Meal Plan at school.

This institution is an equal opportunity provider.

Copper Cannon Camp Policies 2025

This list of Camp Policies is required of every camper family attending Copper Cannon Camp. There are NO exceptions. If you have any concerns or questions, please call our office at (603) 823-8107.

Copper Cannon Camp is NOT a therapeutic or special needs camp. There will not be one on one staff with a camper.

I agree to have all paperwork completed online prior to a session being scheduled for my child(ren). If the paperwork is not completed, Copper Cannon will NOT schedule a session for my child(ren). This includes medical paperwork. Call the office if you are unable to send a physical within 18 months of arrival date.

I will inform the camp if my child(ren) has(have) an IEP, 504, Behavior Plan, 1:1 anytime at school, or a specialized school services for academic or behavioral issues. In addition, I will email, fax, (603) 823-9959, or mail, P. O. Box 124, Franconia, NH 03580, a copy of the most recent IEP, Behavior Plan, or 504 to Katie at kgadapee@coppercannon.org This must be received as part of the paperwork for a camp session to be assigned. Copper Cannon Camp will determine placement according to the submitted plan.

I agree my child(ren) will NOT bring any electronic devices with them to camp. My children will NOT bring any device that can contact me at my children's discretion including Apple watches or Fitbits attached to their phones.

I understand Copper Cannon Camp notifies families of scheduled sessions via email. I also acknowledge that it is MY RESPONSIBILITY as the parent/guardian to contact the camp office if I have not received any notifications from camp. I can notify Katie via telephone (603) 823-8107 or email kgadapee@coppercannon.org

I agree to abide by Copper Cannon Camp's policy for picking up my child(ren) prior to the completion of the scheduled camp week if a medical or behavioral situation arises. Requesting the pick-up of a camper is taken very seriously by all camp staff. Staff will work with the camper to continue the session. Sometimes, a child is simply not suited for functioning with the camper group. The policy is as follows:

- If I, or my child(ren)'s listed Contact, is contacted by Copper Cannon Camp to pick up my child(ren) prior to the end of the scheduled week, I or someone from my Contacts will be at Copper Cannon Camp with three (3) hours of the call.
- If I, or the Contact, cannot be reached or I or the Contact refuse to come pick-up my child(ren), I understand the following steps will be taken:
 1. If my child(ren) has/have been violent with campers or staff, the local police will be called. It is then required that my child(ren) is (are) picked up at the named police station.
 2. If I or the Contact refuses to come within the 3-hour window, or at all, a DCYF intake will be called in. The refusal will be noted and further steps will be at the discretion of the DCYF intake department. From this point, I understand that Copper Cannon Camp will be in contact with only DCYF.

If your child does not show up for his/her scheduled session, you will be charged \$250. If your child cannot attend his/her session, notify Katie at least 72 hours prior to camp arrival date. If you are charged this fee and do not pay, your child will not be accepted for a session in the future.

By signing this form, I understand the policies set forth by Copper Cannon Camp. I agree to follow the policies listed above.

Parent/Guardian Signature: _____ Date: _____





This section to be filled out by the organization recruiting the child on this application:

Name of organization: _____

Name of person – recruiting for organization: _____



2025 Application Form Copper Cannon Camp

P.O. Box 124 Franconia, NH 03580
603-823-8107

Camper's First Name: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Home Phone # _____ Birth Date _____ Grade in Sept 2024: _____

Sex: Male Female School Attending: _____

Primary Contact:

Primary Contact 1: _____

Relationship to camper: _____

Daytime phone #: _____

Cell phone #: _____

Valid Email: _____

Primary Contact 2: _____

Relationship to camper: _____

Daytime phone #: _____

Cell phone #: _____

Who has legal custody of child? _____

Emergency/Authorized Pick-Up Contacts:

Name: _____

Relationship to camper: _____

Cell Phone #: _____

Name: _____

Relationship to camper: _____

Cell Phone #: _____

Attended CCC before? Yes No When: _____

My child has an IEP, 504, or Behavior Plan Yes No

If space allows, would your child like to have a second session? 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.

Traditional Summer Camp Sessions ages 9-12

<input type="checkbox"/> June 22-June 27 (6 day) <input type="checkbox"/> June 29-July 5 <input type="checkbox"/> July 6-July 12 <input type="checkbox"/> July 13-July 18 (6 day)	<input type="checkbox"/> July 20 – July 26 <input type="checkbox"/> July 27-August 2 <input type="checkbox"/> August 3-August 9
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Please use 1, 2, 3 for your choices of sessions. We will try hard to give you're your first choice.

Ages 13-15 unless otherwise noted

- 6/29 - 7/5 Mountain Bike Adventure – No previous mountain biking experience is required, but we recommend that participants at least have an interest to learn and get better at mountain biking
- 7/6 – 7/12 Ranger High Adventure (Backpacking/Hiking) Involves camping out in the woods and several days of 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.
- 7/13 - 7/18 Mountain Bike Adventure (6 day)
- 7/20 – 7/26 Last Chance Camp 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.
- 8/3 – 8/9 Ranger High Adventure 2
- 8/10 – 8/15 Teen 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.
- Counselor in Training (CIT) 6/29 -7/18 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

Parent/Guardian Signature: _____ Date: _____



A copy of the camper's last physical (must have been done within the past 18 months) & immunization records must accompany

2025 Health History

Camper Name _____

General Health History: Answer YES or NO for each statement.

Explain "Yes" answers

Has/does your child:

1. Ever been hospitalized for psychiatric reason?

2. Had a recent infectious disease? _____
3. Had a recent injury? _____
4. Had headaches? _____
5. Had fainting or dizziness? _____
6. Have allergies (medication, food, environment)? _____
7. Reactions to Bee Stings? _____
8. Have problems with falling asleep/sleepwalking? _____
9. Have a history of bedwetting? _____
10. During the past 12 months, has the camper seen a professional to address mental / emotional health concerns? _____
11. 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.) _____
12. 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: _____

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness or injury. **THOSE THE CAMPER SHOULD NOT BE GIVEN.**

- Acetaminophen (Tylenol)
- Antihistamine / allergy medicine
- Lice shampoo or cream (Nix or Elimate)
- Calamine lotion
- Laxatives for constipation (Ex-Lax)
- Ibuprofen (Advil or Motrin)
- Guaifenesin cough syrup (Robitussin DM)
- Generic cough drops
- Antibiotic cream
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)
- Aloe
- Bug Repellent
- Sunblock

Health-Care Providers / Medical Insurance Info:

Name of camper's physician/clinic: _____ Town: _____

Phone: _____

My child is covered by family medical/hospital insurance? ___ Yes ___ No (Include a copy of your insurance card; copy both sides of the card so information is readable. This is very important in case your child needs medical help.)

Insurance Company: _____ Policy Number: _____

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: _____ 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. This form must include all medications and treatments prescribed to this camper – this includes lotions, inhalers, liquids, allergy medications, cold medications, temporarily prescribed meds.

**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.

Camper Information

1. Camper's Name: _____ Date of birth: _____
2. Parent/Guardian: _____ Preferred Phone: _____

TO BE FILLED OUT BY PHYSICIAN ONLY – Child's Medication Information

1. Diagnosis: ADD/ADHD Mental Health Issue Other List other: _____

2. Name(s) and medical reason(s) for medication(s) to be dispensed while child is at Camp:

Each medication listed must include reason for medication, include non-prescription drugs & vitamins, times and accurate dosage. 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 OR USE THE BACK WITH AN INDICATION INFORMATION ON BACK OF PAGE.**

Name of medication	Reason for taking it	When is it given & time	Dosage	
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____		
		<input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <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 Parent/Guardian: _____ Date: _____

2024 - 2025 Child Nutrition Programs Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:**

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2Weeks	2xMonth	Monthly	Annual		Weekly	Every 2Weeks	2xMonth	Monthly		Weekly	Every 2Weeks	2xMonth	Monthly
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$

STEP 4 Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"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 (confirm) 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."

<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 200px;" type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Mailing Address (if available)	City	State
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Zip	Phone (optional)
<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
		Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages 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 A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. ***Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.