October 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 17-19. It will focus on leadership development through fall ecology for our youth. The weekend begins Friday early evening 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 and hopefully a Polar Plunge!

It is a wonderful way to reconnect with a number of camp staff and camp friends, make new ones and help Copper Cannon grow.

We are excited to be hosting these events again!

Copper Cannon Camp

2025 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** (circle one)

Camper's name_____ **Age**_____ **Birth Date**_____

School attending_____ **Male or Female** (circle one)

Parent/Guardian/Primary Contact 1:_____ **Work phone:**_____

Email:_____ **Cell phone:**_____

Best way to contact you? (Circle one) **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:**
  - **Name:**_____
  - **Dosage:**_____
  - **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**_____