



COPPER CANNON CAMP

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

coppercannondaycamp@gmail.com



2014 DAY CAMP APPLICATION

Child's Name: <i>First</i> _____ <i>Last</i> _____	Date of Birth: __ / __ / ____
Age of Child: ____ The Child is: Male <input type="checkbox"/> or Female <input type="checkbox"/>	Home Phone # _____
Mailing Address: _____	Town: _____ State: ____ Zip: _____
School Currently Attending: _____	Next Grade: ____

SECTION 1: (Parent/Legal Guardian Information) – This needs to be filled out completely

- The child is: (check one) Living at home with parents/legal guardian Living with foster parents Other: _____
- Custodial Parent/Guardian: _____ Employer: _____
Address: _____ Home #: _____ Cell #: _____
Town: _____ State: ____ Zip: _____ Work #: _____ E-Mail: _____
- Second Parent/Guardian: _____ Employer: _____
Address: _____ Home #: _____ Cell #: _____
Town: _____ State: ____ Zip: _____ Work #: _____
- If the parents are divorced or separated, who has legal custody of the child? _____
- A person who you would want us to call in case of an **emergency**, if parent/guardian or foster parents are unavailable:
Name: _____ Relationship: _____ Phone #: _____
- How did you learn about Day Camp? _____
- Are there any concerns or restrictions of which Copper Cannon's staff should be aware? Please explain:

I hereby request 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.

Clearly Print Name: _____ Relationship to Child: _____
Signature: _____ Date Signed: _____

Office Use Only: Number of weeks attending: _____	Deposit Enclosed _____
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Day Camp Payment Information

(Only fill out one per family)



1. Camper's Name: _____
2. Camper's Name: _____

1. Parent/Guardian Name: _____

Weeks:

- July 7-11
- August 11-15
- August 18-22

Rates for Day Camp

* We offer a 10% discount for multiple children attending

*Cost is **per child**

* \$25 "Hold My Spot Deposit" (this is credited toward cost)

*Deposit automatically rolls over for multiple weeks

- \$125 per week (cost & \$25 toward those less fortunate)**
- \$100 per week**
- \$75 per week & 2 volunteer hours**
- \$50 per week & 4 volunteer hours**
- \$25 per week & 6 volunteer hours**
- No cost & 8 volunteer hours** (contact us if you request this)
 - i.e. If you're a family of four and all of you volunteer for an hour of auction set-up, that counts as four hours.
 - Hours can be spread over multiple events.

Payment Method

- Cash**
- Check**
- Credit Card***
- Electronic Funds Transfer (Please contact us with account information)**

If you are requesting financial aid, there are a variety of ways you can help camp out. The next page lists many of our volunteer opportunities. Often we have families donate time toward the auction. We have also had clean-up days that are fun for all ages! Volunteering with camp is a great family opportunity.

Volunteer Opportunities

Please Check Your Top Three:

- 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)**

- Day Camp (Summer)**
 - Volunteer Staff:** You would act as a camp counselor for campers.

- Office (Year Round)**
 - Basic Clerical Duties**
 - Writing Thank You Notes**
 - Mailers**
 - Filing**
 - Answering Phones**

- Property Upkeep**
 - Clean-Up Days At Camp**
 - On Your Own Time**
 - Fall**
 - Winter**
 - Spring**
 - Early Summer**

- In-Kind Services**
 - Learning Opportunities for Campers (During Camp)**
 - Donate to Auction**
 - Donate to Camp**

- Other:** _____

Name (Print): _____ **Signature:** _____

E-Mail: _____ **Phone:** _____

2014 DAY CAMP MEDICAL FORM

P.O. Box 124 Franconia, NH 03580
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Section 1: (Emergency Information & Parental Authorization)

Child's Name: (First) _____ (Last) _____ Date of Birth: __/__/____

Age of Child: ____

The Child is: Male or Female

1. CAMPER CAUTIONS (Check all that apply)

Asthma		Allergies		Stomach Upset		Counseling		Behavior	
Seizures		Bee Stings		Poison Ivy		Special Medication		Nightmares	

VERY IMPORTANT - You must notify Copper Cannon if your child has been exposed to any communicable disease during the 4 weeks prior to arriving at camp.

2. Please explain any checked boxes above: _____

3. Is your child on any special medication? Yes No

4. Are the parents / legal guardians sending it to camp with the child? Yes No

5. Does your child have any chronic / recurring illness? _____

6. Any operations or serious injuries? _____ Date(s) _____

7. Are there any restrictions for your child while at camp? _____

Parent / Legal Guardian Information

Parent/Legal Guardian Name: _____ Relationship: _____

Home address: _____ Town: _____ State: ____ Zip: _____

Home phone #: _____ Cell phone #: _____ Work phone #: _____

Emergency Contacts – if parents/legal guardians are unavailable

a) Person's name: _____ Relationship: _____ Phone #: _____

b) Person's name: _____ Relationship: _____ Phone #: _____

* PARENT/LEGAL 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 child (camper) herein described has permission to engage in all prescribed camp activities, except as noted by me (parent/legal guardian), and the examining physician. I hereby give permission to Copper Cannon to provide routine health care, administer prescribed medication and seek emergency medical treatment including ordering x-rays or routing 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 of Parent/Legal Guardian _____ Date: _____

Section 2:

- Camper Quick Emergency Medical Information -

Please print all of the following information:

1. Child's Legal Name: ^{Last} _____ ^{First} _____ Phone #: _____
2. Child's Legal Address: _____ Town: _____ State: _____ Zip: _____
3. Child's Date of Birth: _____ Age: _____ Male or Female
4. Child's Social Security Number: _____
5. List any medications that the child will be on while attending Copper Cannon Camp:
 - a) _____ Total Daily Dose _____
 - b) _____ Total Daily Dose _____
6. List any allergies to medications that the child may have:
 - a) _____
 - b) _____
7. Date of child's last Tetanus shot: _____
8. Name of child's physician and/or clinic: _____
Town: _____ Phone #: _____
9. Is the child covered by medical insurance? Yes or No (**Please attach a photocopy of the card.**)
10. Name of medical insurance company: _____ Policy #: _____
11. Notify in an emergency:
Name: _____ Relationship: _____ Phone #: _____

Section 6: Additional Information

1. During the past 12 months, has the camper seen a professional to address mental / emotional health concerns?
Yes No
2. 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.)
Yes No

Please explain "Yes" answers in the space below. Copper Cannon may contact you for additional information.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**
