



ROLLINSFORD RECREATION DEPARTMENT

667 Main Street, PO Box 309, Rollinsford, NH 03869

<http://rollinsford.nh.us/camp-rolly/>

Email: recreationcommittee@rollinsford.nh.us

2017 SUMMER CAMP PROGRAM
6/26-8/18
Who: 1st Grade – 8th grade
Location: Rollinsford Grade School, 487 Locust Street, Rollinsford
Camp Hours: 9:00 a.m. – 4:00 p.m.
Pre Camp Hours: 8:00 a.m. – 9:00 a.m.
Post Camp Hours: 4:00 p.m. – 5:00 p.m.

PROGRAM: The Rollinsford Recreation Department proudly announces a *brand new* summer program of fun and learning for children grades 1-8th (your child must be entering first grade in the fall of 2017). Your child will love our daily program filled with activities ranging from field sports/games and water sports/games to arts and crafts, and weekly field trips including state park visits and swim at the Jenny Thompson Pool!



OUR TEAM: Our team is comprised of a collection of qualified, outgoing, fun individuals who share their passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you and your community. *Counselors are CPR certified and first aid trained.*

WHO IS SUMMER CAMP DESIGNED FOR: Summer Camp is designed for youth who will be entering 1st grade up through those who will be entering 8th grade.

DATES OF PROGRAMS: Summer Camp is an 8-week program beginning June 26th & the last day of camp will be August 18th. Camp will operate 5 days a week, EXCEPT for July 3rd and 4th. **THERE WILL BE NO CAMP ON JULY 3rd and 4th.**

PAYMENT PROCESS: \$35 PER FAMILY DUE AT REGISTRATION. Registration fee will hold your camper’s space, and **includes (1) camper t-shirt*, cost for admittance to the Jenny Thompson Pool plus transportation on Friday’s, AND entrance into weekly NH State Parks field trips!** **REGISTRATION CLOSES JUNE 12TH!** ALL CAMP TUITION MUST BE PAID AS FOLLOWS: **If Early Bird Registration, tuition to be PAID IN FULL BY MAY 12th.** **If registered on or after May 12th, tuition to be PAID IN FULL BY JUNE 12TH.** Your child will not be able to attend camp, and your space will be forfeited, if not paid in full by above specified dates. **Registration fee is non-refundable.**
**each additional camper t-shirt = \$7.00*

COST OF CAMP: These fees do not include field trips.

 <p align="center">Resident - Cost of Camp EARLY BIRD – if Registered before May 12 <i>(must be paid in full by May 12)</i></p> <p>1 Child: \$240.00 for 8 weeks 2 Children: \$440.00 for 8 weeks 3+ Children: \$600.00 for 8 weeks</p>	<p align="center">Resident - Cost of Camp if Registered on or after May 12 <i>(must be paid in full by June 12)</i></p> <p>1 Child: \$265.00 for 8 weeks 2 Children: \$465.00 for 8 weeks 3+ Children: \$625.00 for 8 weeks</p>	<p align="center">Resident & Non-Resident Pre & Post Camp Care</p> <p>Pre-Camp: \$120.00/summer, per camper</p> <p>Post-Camp: \$120.00/summer, per camper</p> <p align="center"><i>*16 camper maximum per week (resident & non-resident combined). All Pre & Post Camp Care to be pre-paid for entire summer</i></p> <p align="center">Register for pre & post camp early! FIRST COME, FIRST SERVE!</p>
 <p align="center">Non-Resident – Cost of Camp EARLY BIRD – if Registered before May 12 <i>(must be paid in full by May 12)</i></p> <p>1 Child: \$340.00 for 8 weeks 2 Children: \$565.00 for 8 weeks 3+ Children: \$750.00 for 8 weeks</p>	<p align="center">Non-Resident – Cost of Camp if Registered on or before May 12 <i>(must be paid in full by June 12)</i></p> <p>1 Child: \$365.00 for 8 weeks 2 Children: \$590.00 for 8 weeks 3+ Children: \$775.00 for 8 weeks</p>	

FIELD TRIPS*: Our well-planned all-camp field trips are great fun for everyone! On Tuesdays, campers will explore New Hampshire Local & State Parks. There is ***NO FIELD TRIP FEE*** to campers for State Park admittance, however the cost to each camper for bus transportation is \$5.00.

Friday afternoons is swimming at the Jenny Thompson Pool! ***There is NO FIELD TRIP FEE and NO BUS TRANSPORTATION FEE for Friday Swim!***

Both Tuesday and Friday will have a ***stay-back option at no additional cost***. For those who opt out of the field trips, there will be activities planned, but we encourage parents to sign up their children for field trips offered.

**Trips are subject to change due to weather, etc.*

CAMP CONCESSIONS & PIZZA LUNCH: While at camp, your child will have the opportunity daily to purchase: bottled water, snacks, and frozen treats. The cost is as follows:

16 oz Bottled Water: \$1.00

Snacks and Frozen Treats: .50 - \$1.00

On Wednesday's, your child can purchase sliced pizza (cheese and pepperoni) for lunch! The cost per slice:

Cheese: \$1.00

Pepperoni: \$1.50

HOW TO REGISTER: Registration begins March 1st!

1) Registration Packets can be found:

- On our website www.rollinsford.nh.us/boards-committees/recreation-committee/
- At the Rollinsford Grade School located at 487 Locust Street, Rollinsford, NH
- At the Rollinsford Town Hall located at 667 Main Street, Rollinsford, NH
- Email Dee Neathawk at deeneathawk@gmail.com for registration forms
- At the March 18th Town Meeting @ RGS

2) Completed Registration Packets, with \$35.00 Registration Fee, returned via:

- Mail to:
 - Town of Rollinsford
 - c/o Recreation Department/Summer Camp
 - PO Box 309
 - Rollinsford, NH 03869
- Drop off at the Rollinsford Grade School in an envelope marked "*Rollinsford Recreation / Summer Camp*"
- Drop off to the Rollinsford Town Hall in an envelope marked "*Rollinsford Recreation / Summer Camp*"
- Drop off at the March 18th Town Meeting at RGS

Please make checks payable to: ***Town of Rollinsford***

For more information, contact Kelly Anderson at kbandrson@gmail.com, OR Dee Neathawk at deeneathawk@gmail.com

2017 Parent Handbooks will be distributed once registration is received.

A DAY IN THE LIFE OF YOUR CAMPER!

To give you a sense of the exciting **NEW** day-camp program, here's a peek at what your camper's Summer will look like!

- ✓ Age Group Activities
 - ✓ State Park Trips
- ✓ Once Weekly Swim at Jenny Thompson Pool
 - ✓ Gym Games
 - ✓ Playground
- ✓ Outside Organized Sports (wiffle ball, soccer, four-square, volleyball, softball and more!)
 - ✓ Arts & Crafts
 - ✓ Morning Circles
- ✓ Daily Snack & Sunscreen Breaks
 - ✓ Lawn Games
 - ✓ Water Games
 - ✓ Library
 - ✓ Board Games

AND MORE!!!!

Full schedule to be announced early May

Rollinsford Recreation Department Summer Camp Payment Information Sheet

Please make checks payable to: Town of Rollinsford

Participant Name: _____ Grade _____

Participant Name: _____ Grade _____

Participant Name: _____ Grade _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____

<p style="text-align: center;">Resident - Cost of Camp EARLY BIRD – if Registered before May 12 <i>(must be paid in full by May 12)</i></p> <p>1 Child: \$240.00 for 8 weeks 2 Children: \$440.00 for 8 weeks 3+ Children: \$600.00 for 8 weeks</p>	<p style="text-align: center;">Resident - Cost of Camp if Registered on or after May 12 <i>(must be paid in full by June 12)</i></p> <p>1 Child: \$265.00 for 8 weeks 2 Children: \$465.00 for 8 weeks 3+ Children: \$625.00 for 8 weeks</p>	<p style="text-align: center;">Resident & Non-Resident Pre & Post Camp Care</p> <p>Pre-Camp: \$120.00/summer, per camper</p> <p>Post-Camp: \$120.00/summer, per camper</p> <p style="text-align: center;"><i>*16 camper maximum per week (resident & non-resident combined). All Pre & Post Camp Care to be pre-paid for entire summer</i></p> <p style="text-align: center;">Register for pre & post camp early! FIRST COME, FIRST SERVE!</p>
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Pre-Camp Care: Yes No

Post-Camp Care: Yes No

OFFICE USE ONLY! DO NOT WRITE BELOW THIS LINE.

of campers: _____

\$35 deposit at Registration Cash (Receipt #) _____ Check # _____

Total Camp Tuition Due on May 12th: _____ **June 12th:** _____

Pre-Camp Care: _____ **Post-Camp Care:** _____ **# of campers:** _____ **Total Due:** _____

of camper t-shirt(s): _____ x \$7.00 = _____

Total Due: _____ **Cash (Receipt #)** _____ **Check #** _____

Rollinsford Recreation Program Registration Form
 667 Main Street, PO Box 309, Rollinsford, NH 03869
 recreationcommittee@rollinsford.nh.us

Program Name: _____

<i>*Office Use Only*</i>				
Please make checks payable to Town of Rollinsford				
Date received:	Total Paid: \$	Check#:	Cash: \$	Recvd by:

Participant Information

Participant Name: _____ Email: _____
 Mailing Address: _____ Phone #: _____
 Town: _____ State: _____ Zip Code: _____
 Birth Date: _____ Age: _____ Current Grade: _____ Gender: M / F
 Shirt Size (circle one) YS(6/8) YM(10/12) YL(14/16) AXS AS AM AL AXL
 Additional Information: _____

Participant Name: _____ Email: _____
 Mailing Address: _____ Phone #: _____
 Town: _____ State: _____ Zip Code: _____
 Birth Date: _____ Age: _____ Current Grade: _____ Gender: M / F
 Shirt Size (circle one) YS(6/8) YM(10/12) YL(14/16) AXS AS AM AL AXL
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Participant Name: _____ Email: _____
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 Shirt Size (circle one) YS(6/8) YM(10/12) YL(14/16) AXS AS AM AL AXL
 Additional Information: _____

Parent/Guardian Information

Parent/Guardian: _____ Email: _____
 Mailing Address: _____ Home Phone #: _____
 Town: _____ State: _____ Work Phone #: _____
 Zip Code: _____ Cell Phone #: _____

Medical Information/Emergency Contact Information

Participant's Doctor: _____ Phone #: _____
 Participant's Dentist: _____ Phone #: _____
 Medical Info/Conditions/Allergies: _____
 Emergency Contact (other than self, parent or guardian): _____
 Phone #: _____ Relationship: _____

Photo Release Authorization

Occasionally, photographs or video will be taken of the participant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including its website. However, we will not identify participant by name or release any other personal information.

(check one) ___ I GIVE MY PERMISSION or ___ I DO NOT GIVE MY PERMISSION for participant to be photographed.

Liability Release Waiver and Authorization Information

The above name participant or minor child named above (hereafter "participant") has permission to participate in the activities of the Rollinsford Recreation Department (hereafter "town"). This permission slip is valid for one year unless it is revoked earlier in writing by the guardian/parent. I understand and accept that the activities of the Town can involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction to participant is to receive and for the other valuable consideration, I hereby agree on behalf of myself and the above name participant to indemnify and hold the Town of Rollinsford and their officers, agents, employees, coaches, camp staff and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above names child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES, CAMP STAFF AND VOLUNTEERS.

(For minor child participant): In the event I cannot be reached in an emergency of requiring medical attention for the above name child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below.

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted above. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound to this document.

Participant/Parent/Guardian Signature: _____ Date: _____

Rollinsford Recreation Department
Pick-Up Permission Slip

Program Name: _____

In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.

**The adult that picks up your child
MUST bring PHOTO ID with the
or they will NOT be able to pick up your child.**

Please print in clear & legible handwriting

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Mother's Name/Phone #: _____

Father's Name/Phone #: _____

Adult's Full Name List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.	Relationship to Child	Phone #
1		
2		
3		
4		
5		
6		
7		

Parent/Guardian Signature: _____ Date: _____

Rollinsford Recreation Summer Camp Consent Form

Camper's Name: _____ Grade: _____

Camper's Name: _____ Grade: _____

Camper's Name: _____ Grade: _____

Authorization to apply Sunscreen

I authorize the Rollinsford Recreation Summer Camp staff to apply only sunscreen I provide to the above-named child. I will label provided sunscreen with my child's name.

Signature of Parent or Guardian / Date

Authorization to view G Movies Only

I give my permission for the above-named child to watch G movies only during the summer program.

Signature of Parent or Guardian / Date

Authorization to view G/PG Movies

I give my permission for the above-named child to watch G or PG movies only during the summer program.

Signature of Parent or Guardian / Date

Authorization to participate in Off-Site Walks

I give my permission for the above-named child to participate in supervised off-site walks within a one mile area surrounding the Rollinsford Recreation Summer Camp base location.

Signature of Parent or Guardian / Date

**ROLLINSFORD RECREATION DEPARTMENT
MEDICAL TREATMENT & MEDICAL AUTHORIZATION FORM**

Town of Rollinsford Recreation Department

667 Main Street, PO Box 309, Rollinsford, NH 03869

Emergency Medical Treatment Authorization or Refusal

In the event I, _____ cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to employees of the Rollinsford Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Rollinsford Recreation Department requires the following information regarding medication needs of participant in Rollinsford Recreation programs. Please note the following policies:

- All medication shall be in a secured container labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be given.
- All medication must be given to the Assistant Director or Recreation Director.
- All medication will be kept in the Recreation Office.
- We must have a Medication Authorization Form on file for your child. This shall be completed for each individual medication to be taken by your child.

Camp staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.

Participant Name: _____

Name of Medication # 1: _____

Dosage Amount of Medication # 1: _____

Frequency of Dosage for Medication # 1: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Include additional medication information on next page.

Name of Medication # 2: _____
Dosage Amount of Medication # 2: _____
Frequency of Dosage for Medication # 2: _____
Time(s) to be taken during program hours: _____
Duration of treatment: _____
Possible side effects and adverse reactions (if any): _____

Other information: _____
Health Care Prescriber: _____ Phone #: _____

Name of Medication # 3: _____
Dosage Amount of Medication # 3: _____
Frequency of Dosage for Medication # 3: _____
Time(s) to be taken during program hours: _____
Duration of treatment: _____
Possible side effects and adverse reactions (if any): _____

Other information: _____
Health Care Prescriber: _____ Phone #: _____

Insurance Information:
Carrier or Plan Name: _____
Carrier Address: _____
Group Number: _____ Named of Insured: _____
Relationship: _____ ID Number: _____

Parent Signature: _____ Date: _____

Parent's Printed Name: _____

Cell Phone: _____ Home Phone: _____