

ROLLINSFORD RECREATION DEPARTMENT

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

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

Email: recreationcommittee@rollinsford.nh.us

Camp Rolly

For children in grades 1 – 8. Camp Rolly is an 8-week summer day camp program beginning June 25 and ending August 17. Campers days will be filled with activities ranging from outdoor sports/games, water games, arts, crafts, indoor activities, field trips to Jenny Thompson Pool, NH State Parks, and much more!!

NO camp on July 4

Teen Adventure Camp

NEW PROGRAM for 2018 For teenagers ages 12 – 15. Teen Camp is a 7-week summer program, 3 days a week, beginning June 25 and ending August 10, Monday/Wednesday/Friday. Each day is a planned activity such as ropes course, swimming/beaches, amusement park, fun centers, state parks, hiking, and much more!

NO camp on July 4

Location: Rollinsford Grade School, 487 Locust Street, Rollinsford

Camp Hours: 9:00 a.m. – 4:00 p.m.

Pre Camp Hours: 7:30 a.m. – 9:00 a.m.

Post Camp Hours: 4:00 p.m. – 5:30 p.m.

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.*

Camp Rolly:

NEW THIS YEAR! You have two tuition options:

- 1) Pay for the entire summer at a discounted rate, or
- 2) Choose your weeks, a convenient option for families who will not send campers the entire summer.

Registration Fee: \$40 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 AND entrance into weekly NH State Parks field trips!** **REGISTRATION CLOSES JUNE 15TH!** **ALL CAMP TUITION MUST BE PAID IN FULL BY MAY 31TH.** Your child will not be able to attend camp, and your space will be forfeited, if not paid in full by the above specified date. **Registration fee is non-refundable.**

*each additional camper t-shirt = \$7.00

COST OF CAMP – Full Summer Program

New this year: tuition rates include all bus transportation for ALL field trips!

<p><u>Resident</u> 8 week program: 1 Child: \$330.00 for 8 weeks 2 Children: \$620.00 for 8 weeks 3 Children: \$670.00 for 8 weeks 4+ Children: Add \$50.00 per child</p>	<p><u>Resident & Non-Resident</u> Pre: \$15 per week per camper Post: \$10 per week per camper</p> <p>*16 camper maximum per week (resident & non-resident combined).</p> <p><u>All Pre & Post Camp Care to be pre-paid for entire summer</u></p> <p>Register for pre & post camp early! FIRST COME, FIRST SERVE!</p>
<p><u>Non-Resident</u> 8-week program: 1 Child: \$430.00 for 8 weeks 2 Children: \$720.00 for 8 weeks 3 Children: \$770.00 for 8 weeks 4+ Children: Add \$100.00 per child</p>	

COST OF CAMP – Choose your week

	1-Camper		2-Camper		Pre and Post Care (\$15 pre, \$10 post)
	Weekly-Resident	Weekly-Out of Town	Weekly-Resident	Weekly-Out of Town	
June 25- June 29	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
July 2- July 6	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
July 9- July 13	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
July 16- July 20	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
July 23 - July 27	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
July 30 - Aug 3	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
Aug 6- Aug 10	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00
Aug 13- Aug 17	\$ 60.00	\$ 80.00	\$ 115.00	\$155.00	\$ 25.00

FIELD TRIPS*: Our well-planned all-camp field trips are great fun for everyone! Campers will explore New Hampshire Local & State Parks, and there is **NO FIELD TRIP FEE** to campers for State Park admittance. Friday afternoons is swimming at the Jenny Thompson Pool! **There is NO FIELD TRIP FEE!**

**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

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

Cheese: \$2.00

Pepperoni: \$2.50

Teen Adventure Camp:

Registration Fee: \$30 PER FAMILY DUE AT REGISTRATION, includes one camper t-shirt. ALL CAMP TUITION MUST BE PAID IN FULL BY MAY 31th. Your child will not be able to attend camp, and your space will be forfeited, if not paid in full by the above specified date. **Registration fee is non-refundable.**

	Weekly-Resident	Weekly-Out of Town
June 25- June 29	\$ 110.00	\$ 125.00
July 2- July 6	\$ 110.00	\$ 125.00
July 9- July 13	\$ 110.00	\$ 125.00
July 16- July 20	\$ 110.00	\$ 125.00
July 23- July 27	\$ 110.00	\$ 125.00
July 30 - Aug 3	\$ 110.00	\$ 125.00
Aug 6- Aug 10	\$ 110.00	\$ 125.00

FOR AGES 12-15*

introducing...

Rollinsford Teen Camp



WEEK	DATES	MONDAY	WEDNESDAY	FRIDAY
1	June 25 - 29	Blitz Air Park	Hike Mt. Major	volleyball/pool
2	July 2 - 6	Take Flight	* 4th of July! * * NO CAMP *	soccer/pool
3	July 9 - 13	York Beach	Hilltop Fun Center	tennis/pool
4	July 16 - 20	Water Country	Wallis Sands Beach	basketball/pool
5	July 23 - 27	Canobie Lake Park	Hampton Beach	softball/pool
6	July 30 - Aug 3	Ellacoya State Park	Funtown Splashtown	volleyball/pool
7	August 6 - 10	Indoor Ascent	Odiorne State Park	soccer/pool



**Pick One
or
All Seven
Weeks!**



*must be 12 years of age by May 31, 2018

RESIDENTS: \$110 PER WEEK • NON-RESIDENTS: \$125
REGISTRATION FEE: \$30



HOW TO REGISTER:

- 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

- 2) Completed Registration Packets, with applicable fees, returned via USPS to:
 - Dee Neathawk
 - Summer Camp*
 - 136 Oak Street
 - Rollinsford, NH 03869
 - Drop off at the Rollinsford Grade School in an envelope marked ***“Rollinsford Recreation Summer Camp, Attn: Dee Neathawk”***

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

2018 Parent Handbooks will be distributed once registration is received.

Rollinsford Recreation Department
Summer Camp Payment Information Sheet
Please make checks payable to: "Town of Rollinsford"

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Registration Fee* (per family): \$40 Camp Rolly _____ \$30 Teen Adventure _____

**Campers in both? Only pay \$40 Camp Rolly fee!*

Choose your weeks: *(indicate week with checkmarks)*

	CAMP ROLLY				TEEN ADVENTURE	
	Camper 1	Camper 2	Camper 3	Camper 4	Camper 1	Camper 2
June 25- June 29						
July 2- July 6						
July 9- July 13						
July 16- July 20						
July 23 - July 27						
July 30 - Aug 3						
Aug 6- Aug 10						
Aug 13- Aug 17						
TOTAL DUE						

Pre and Post Care: *(indicate week and choice by circling)*

	CAMP ROLLY							
	Camper 1		Camper 2		Camper 3		Camper 4	
June 25- June 29	Pre	Post	Pre	Post	Pre	Post	Pre	Post
July 2- July 6	Pre	Post	Pre	Post	Pre	Post	Pre	Post
July 9- July 13	Pre	Post	Pre	Post	Pre	Post	Pre	Post
July 16- July 20	Pre	Post	Pre	Post	Pre	Post	Pre	Post
July 23 - July 27	Pre	Post	Pre	Post	Pre	Post	Pre	Post
July 30 - Aug 3	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Aug 6- Aug 10	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Aug 13- Aug 17	Pre	Post	Pre	Post	Pre	Post	Pre	Post
TOTAL DUE								

Camp Rolly Full Summer Program: *(indicate by circling applicable program)*

<u>Resident</u>	<u>Non-Resident</u>
8 week program: 1 Child: \$330.00 for 8 weeks 2 Children: \$620.00 for 8 weeks 3 Children: \$670.00 for 8 weeks 4+ Children: Add \$50.00 per child	8-week program: 1 Child: \$430.00 for 8 weeks 2 Children: \$720.00 for 8 weeks 3 Children: \$770.00 for 8 weeks 4+ Children: Add \$100.00 per child
TOTAL DUE: _____	TOTAL DUE: _____

Office Use Only

Date received:

Total Paid: \$

Check#:

Cash: \$

Recvd by:

Balance Due:

TOTAL DUE: _____

Participant Information:

Participant Information										
Participant Name: _____					Email: _____					
Mailing Address: _____					Phone #: _____					
Town: _____			State: _____		Zip Code: _____					
Birth Date: _____			Age: _____		Current Grade: _____			Gender: M / F		
Shirt Size (<i>circle one</i>)			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 (<i>circle one</i>)			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 (<i>circle one</i>)			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 (<i>other than self, parent or guardian</i>): _____										
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: _____