

2019 Rollinsford Summer Recreation

REGISTRATION PACKET

Registration Closes **JUNE 10, 2019**



Camp Rolly: 8-week summer day camp program, Monday-Friday, June 24-August 16 (No camp July 4 & 5). For children entering grades 1-8 Fall of 2019. Camp hours: 9:00am-4:00pm.
Pre-Care Hours: 7:30am-9:00am. Post-Care Hours: 4:00pm-5:30pm.



Teen Adventure Camp: 7-week summer day camp program, Monday/Wednesday/Friday, June 24-August 9 (Week of July 1: Monday/Tuesday/Wednesday). For teens 12-15 years of age (must be 12 by May 31, 2019). Camp Hours: 9:00am-4:00pm.

Camp Rolly & Teen Adventure Camp Location: Rollinsford Grade School, 487 Locust Street, Rollinsford

PARENT/GUARDIAN CONTACT INFORMATION

With whom does the child live? _____

Street Address: _____ Town/City: _____ State: _____ Zip Code: _____

Mother/Guardian Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT

Emergency Contact Person (other than parent or guardian): _____

Phone: _____ Relationship to Child: _____

Doctor: _____ Phone: _____

AUTHORIZED PICK-UP INFORMATION (Besides Parents)

All Adults MUST bring PHOTO ID to pick-up child

Full Name	Relationship	Phone

****Please be advised if registering via paper, installment plans cannot be offered and tuition must be paid in full by June 10, 2019****



PARTICIPANT INFORMATION – CAMP ROLLY

NAME	M/F	DOB	AGE	SCHOOL	GRADE ENTERING	SHIRT SIZE (circle one)
1.						YS, YM, YL, AXS, AS, AM, AL, AXL
2.						YS, YM, YL, AXS, AS, AM, AL, AXL
3.						YS, YM, YL, AXS, AS, AM, AL, AXL
4.						YS, YM, YL, AXS, AS, AM, AL, AXL

CAMP SELECTIONS:

REGISTRATION FEE: \$50.00 per family. **DUE AT TIME OF REGISTRATION**, this fee will hold your camper's space, and includes (1) camper t-shirt*, cost of admittance to Jenny Thompson Pool, and field trips to NH State Parks! **Registration fee is non-refundable.**

**each additional camper t-shirt \$7.00*

TOTAL DUE:

\$50.00

RESIDENT - FULL SUMMER PROGRAM (8 weeks)

- 1 Camper: \$350.00
- 2 Campers: \$640.00
- 3 Campers: \$690.00
- 4+Campers: Add \$70.00 per camper

NON-RESIDENT – FULL SUMMER PROGRAM (8 weeks)

- 1 Camper: \$470.00
- 2 Campers: \$760.00
- 3 Campers: \$810.00
- 4+Campers: Add \$140.00 per camper

\$

CHOOSE YOUR WEEK:

RESIDENT TUITION –\$70.00 per wk/per camper*

NON-RESIDENT TUITION–\$90.00 per wk/per camper*

**exception: Week #2 due to holiday*

Pre-Care: \$25 per wk/per camper

Post-Care: \$25 per wk/per camper

Jenny Thompson Pool (JTP): No Charge. Every Friday, with the exception of 7/5 (pool will be 7/3)

NH State Park (SP): No Charge. Mondays, see weeks below
Off Campus Activity (OC):** TBA. \$ ranges from \$5.00-\$20.00.

	Camper 1	Camper 2	Camper 3	Camper 4	TOTAL DUE:
Week 1, June 24-28: <i>Home on the Range</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$
Week 2, July 1-3: <i>Red, White & Blue!</i>	<input type="checkbox"/> \$50 <input type="checkbox"/> \$70	<input type="checkbox"/> \$50 <input type="checkbox"/> \$70	<input type="checkbox"/> \$50 <input type="checkbox"/> \$70	<input type="checkbox"/> \$50 <input type="checkbox"/> \$70	\$
Week 3, July 8-12: <i>Hawaiian Luau</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$
Week 4, July 15-19: <i>Olympic Week!</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$
Week 5, July 22-26: <i>Christmas in July</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$
Week 6, July 29-Aug 2: <i>Superhero Week!</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$
Week 7, August 5-9: <i>Mystery & Riddles</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$
Week 8, August 12-16: <i>Dance Party</i>	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	<input type="checkbox"/> \$70 <input type="checkbox"/> \$90	\$

CHOOSE YOUR ADD ON: **indicating "OC" is for headcount only. Activity & cost to be announced when camp opens**

	Camper 1	Camper 2	Camper 3	Camper 4	TOTAL DUE:
Week 1	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> JTP	\$
Week 2	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	\$
Week 3	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	\$
Week 4	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	\$
Week 5	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	\$
Week 6	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	\$
Week 7	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> SP <input type="checkbox"/> JTP	\$
Week 8	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	<input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> OC <input type="checkbox"/> JTP	\$
Camp T-Shirt (\$7.00)	NO CHARGE				\$

TOTAL DUE

(Registration, Tuition, Pre/Post, Tee)

\$



PARTICIPANT INFORMATION – TEEN ADVENTURE CAMP

NAME	M/F	DOB	AGE	SCHOOL	GRADE ENTERING	SHIRT SIZE (circle one)
1.						YS, YM, YL, AXS, AS, AM, AL, AXL
2.						YS, YM, YL, AXS, AS, AM, AL, AXL
3.						YS, YM, YL, AXS, AS, AM, AL, AXL
CAMP SELECTIONS:						TOTAL DUE:
REGISTRATION FEE: \$40.00 per family. DUE AT TIME OF REGISTRATION , this fee will hold your camper's space, and includes (1) camper t-shirt*. <u>Registration fee is non-refundable.</u> **Do you have a camper in Camp Rolly? If "yes" your Teen Adventure Camp registration is 50% off!** <i>*each additional camper t-shirt \$7.00</i>						<input type="checkbox"/> \$40.00 <input type="checkbox"/> \$20.00**

CHOOSE YOUR WEEK:

RESIDENT TUITION –\$110.00 per wk/per camper* NON-RESIDENT TUITION–\$125.00 per wk/per camper*	Camper 1	Camper 2	Camper 3	TOTAL DUE:
Week 1 - June 24-28 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Week 2 – July 1-3 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Week 3 – July 8-12 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Week 4 – July 15-19 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Week 5 – July 22-26 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Week 6 – July 29-Aug 2 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Week 7 – August 5-9 <input type="checkbox"/> \$110 <input type="checkbox"/> \$125				\$
Teen Adventure T-Shirt (Add \$7.00 per tee)	NO CHARGE			\$
TOTAL DUE (Registration, Tuition, Tee)				\$
GRAND TOTAL DUE (Camp Rolly & Teen Adventure)				\$

CAMP ROLLY & TEEN ADVENTURE REGISTRATION DETAILS:

TOTAL TUITION MUST BE PAID IN FULL BY JUNE 10, 2019.

Please make checks payable to: **"Town of Rollinsford"**. Subject line: **"Camp Registration"**

Mail completed registration, with registration fee, to:

Town of Rollinsford
 c/o: ROLLINSFORD RECREATION DEPARTMENT
 667 Main Street
 Rollinsford, NH 03869

OR, Drop off at:

Rollinsford Town Hall, in a sealed envelope marked "Rollinsford Recreation Summer Camp".
 Rollinsford Grade School, in a sealed envelope marked "Rollinsford Recreation Summer Camp".

Office use only:

Date Recv'd	Total	Cash/Check #	Balance Due:
		Cash/Check #	
		Cash/Check #	
		Cash/Check #	

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 a participant by name or release any other personal information.

_____ I GIVE MY PERMISSION

_____ I DO NOT GIVE MY PERMISSION for participant to be photographed

CAMP CONSENTS

Authorization to apply Sunscreen

I authorize the Rollinsford Recreation Summer Camp staff to apply only sunscreen I provide. I will label provided sunscreen with my child(ren)'s name.

Signature of Parent or Guardian / Date

Authorization to view G Movies Only

I give my permission for my child(ren) 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 my child(ren) 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 my child(ren) 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**

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 #: _____

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: _____

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: _____