



# Rogers Summer Adventure Camp

## General Info:

- Junior Explorers ages 3-5: (All adventurers must be toilet trained)

Hours	Weekly Rates	Daily Rates
Camp 9 am - 12:30 pm	Member: \$95	Member: \$24
Before Care* 8 - 9 am	Not-Yet-Member: \$120	Not-Yet-Member: \$29
  
- Explorer Day camps for ages 6-14:

Hours	Weekly Rates	Daily Rates
Camp 9 am - 4 pm	Member: \$130	Member: \$31
Before Care* 8 - 9 am	Not-Yet-Member: \$155	Not-Yet-Member: \$36
After Care* 4 - 5:30 pm		

Week of July 2, Members \$105 and Not-Yet-Members \$125, no camp on July 4<sup>th</sup>
  
- \*Before and After Care is an additional **\$7.50 per session per day**; Indicate dates and times on the registration form.
  
- **Early Registration deadline is June 1<sup>st</sup>. After June 1<sup>st</sup> no discounts will be applied.** Payment must be received in order to receive discounts.
  
- Early Registration Discounts
  - Save \$5 per weekly session
  - Multiple weeks: \$10 off additional weeks.
  - Multi Child: second child is \$5.00 off and third child is \$10.00 off
  
- Refunds granted up to 7 days prior to camp session. **\$25 non-refundable administration fee applies to all cancellations.** Within 7 days, partial credit *may* be offered.
  
- We require an original signature of a parent or guardian for our records.

Transportation is available from behind the Howard Johnson in Norwich, the flag pole at Norwich High School, or the post office in North Norwich. If transportation is needed, a transportation release form **must** be submitted at least three weeks prior to camp session.

***Your child is not allowed to be transported unless a release form is on file.***

Release forms are available at [www.FriendsofRogers.org](http://www.FriendsofRogers.org).

## **Items your child should bring to Adventure Camp**

- A lunch that does not need to be heated or refrigerated
- A change of socks and shoes
- Rain boots or an extra old pair of shoes that can get wet/muddy, (no open toed shoes, i.e. flip-flops)
- Reusable water bottle(s)
- Sunscreen
- Bug spray
- Rain coat (we will play in the rain)
- A change of clothes
- Small backpack (optional)
- Sweatshirt (optional)



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Ages	June 25- 29	July 2-3 & 5-6	July 9-13	July 16-20	July 23-27	July 30 – Aug. 3	Aug. 6-10	Aug. 13-17
3-5				Project Discovery	Critters of Rogers	Little Engineers	Make A Splash	That’s All, Folks
6-8	Crazy Conundrums		Survival of the Fittest	Some“fins”s Fishy	The Art of Nature	Astounding Animals	For the Love of Science	Last Hurrah
9-11	Mad Science		Super Spy	Fantastic Fauna	Challenge Accepted	The Nature of Art	Reeling It In	Finale of Favorites
11-14		Amp It Up! Rogers Style						

If you have questions, please call Rogers Center at: (607) 674-4733 or email: [env.educator@FriendsofRogers.org](mailto:env.educator@FriendsofRogers.org)

Please keep these first two pages for your records.



# Rogers Summer Adventure Camp

Child's name:	DOB:	Age*	M/F	Grade
Parent/Guardian	Phone			Phone
Parent/Guardian	Phone			Phone
Address:	City	State	Zip	
Email (registration confirmation and reminders for camp)				

\* Age during camp

Emergency Contact (if parent/guardian(s) cannot be reached)			
Address:	City	State	Zip
Relationship	Phone	phone	

## Circle program(s) of attendance

Ages	June 25- 29	July 2-3 & 5-6	July 9-13	July 16-20	July 23-27	July 30 – Aug. 3	Aug. 6-10	Aug. 13-17
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Before Care needed? Y N

After Care needed? Y N

If yes, what week(s) \_\_\_\_\_

Is transportation needed? Y N

*If Transportation is needed, a transportation release form **must** be submitted.*

How did you hear about this program? (Please check all that apply)

- Send home flyer from school     
  Rogers Website     
  In person at the Rogers Center  
 Word of mouth     
  Facebook     
  Other \_\_\_\_\_

Camper t-shirts available for \$5

Do you want to order a T-shirt? Yes No

Circle Size: Youth S Youth M Youth L Adult S Adult M Adult L

No guarantee of requested shirt size after June 1<sup>st</sup>.



# Rogers Summer Adventure Camp

## Health Information:

Physician:		Phone:	
Address:	City	State	Zip

## Medical insurance Information:

Insurance Company:	ID#:
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## Health History: Please check any that apply and approximate date:

Allergies	Diseases/Conditions	
Hay Fever	Asthma	Heart Murmur
Poison Ivy	Chicken Pox	Diabetes
Insect stings	Measles	Convulsions
Penicillin	German Measles	Fainting
Other drugs	Mumps	Chronic/Recurring Illness
Foods	Hepatitis	Operations
Other Allergies	Rheumatic Fever	Serious Injuries

If you need to elaborate on any of the above please do so here. If your child has any disabilities or special needs please elaborate and share. Attach additional pages if necessary. We want to include everyone and ensure they have the best experience possible.

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**In order for your child to participate in Rogers Adventure Camps, please submit a copy of your child's immunization history.**

If no history exists, please attach a note to this form. Failure to provide immunization information may be grounds for non-acceptance to Rogers Adventure Camp.

## Custody Information:

To ensure, to the best of our ability, the welfare and safety of all our participants of Rogers Adventure Camps, *you must come in to the Visitors Center to sign your child in and out.* Only those authorized here on your child's information form may pick your child up. We will not release your child to anyone not included on this form. Please list the names of those individuals who may pick up your child. If there are any changes please let us know as soon as possible. We will go by these names until a change is submitted in writing

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Please initial if your child has permission to apply sun screen \_\_\_\_ and bug spray \_\_\_\_\_. We do not supply either, please send with your child and we will remind and encourage them to apply.

If my child asks, the staff can help apply insect repellent \_\_\_\_\_

Friends of Rogers has permission to apply Neosporin to cuts and scrapes. \_\_\_\_\_  
**This must be signed and dated by a physician or a note attached.**

**Authorization:** This health history is correct so far as I know, and the person herein described has permission to engage in all activities at Rogers Center. In the event I cannot be reached in an emergency at the above numbers, I hereby give permission to Friends of Rogers to secure transportation (i.e. ambulance, care flight) and permission to the physician selected by Friends of Rogers to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. Cost for transportation and medical treatment will be billed directly to me by issuing authority. Friends of Rogers has my permission to take and use pictures of my child partaking in Rogers Adventure Camps. I understand that these pictures may be used in the promotion of Friends of Rogers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adventurers Name: