



# Adventure Camp Series 2019

## General Info:

Hours	Weekly Rates	Daily Rates
Camp 9 am- 4 pm	Member: \$145	Member: \$35
Before Care* 8 - 9 am	Not-Yet-Member: \$175	Not-Yet-Member: \$41
After Care* 4 - 5:30 pm		

- **No discounts will be applied within 14 days of the of the program**
- \*Before and After Care is an additional **\$7.50 per session per day**; Indicate dates and times on the registration form.
- **Early Registration:** Register 30 days prior and save \$10
- Discounts:
  - Multiple program: \$10 off additional programs
  - Multi Child: second child is \$5.00 off and third child is \$10.00 off
- Refunds granted up to 7 days prior to program date. **\$25 non-refundable administration fee applies to all cancellations.**
- We require an original signature of a parent or guardian for our records.

### Items your child should bring to Adventure Camp

- A lunch that does not need to be heated or refrigerated
- Durable, reusable water bottle
- Change of clothes, including two pairs of socks
- A change of socks and shoes
- Winter: Snow pants, boots, hats, gloves and scarves (we will be going outside)
- Spring: Rain boots or an extra old pair of shoes that can get wet/muddy (open toed shoes, i.e. flip-flops, will not be allowed), rain coat, sunscreen and bug spray
- Reusable water bottle(s)
- Sweater or sweatshirt

Please keep these first page for your records.

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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	January 15	February 18-22	April 12	April 15-19	April 22
7-10	Chillin'-OUT	Winter Adventures	Spring Break-OUT	Spring Break-OUT	Spring Break-OUT

Before Care needed?    Y    N

After Care needed?    Y    N

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

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 \_\_\_\_\_

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**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 there is additional information you feel we should know to help your child have the best experience, please share it here as well.***

***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.

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 the Rogers Center 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:
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Adventurers Name:

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