



Rogers Summer Adventure Camp 2022

General Info:

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

Hours

Camp 9:00 am - 12:00 pm

Weekly Rates

Member: \$149

Not-Yet-Member: \$190

Drop-off permitted

no earlier

than 8:45 am

- Explorer Day camps for ages 6-8 & 9-11:

Hours

Camp 9:00 am - 3:00 pm

Weekly Rates

Member: \$199

Not-Yet-Member: \$245

- A 50% deposit is allowed but full payment must be provided by no later than June 25th.
- Registration Discounts
 - Multi Child member: 2nd child is \$9.00 off and 3rd child is \$15.00 off each week
- Refunds granted up to 7 days prior to camp session. **\$25 non-refundable administration fee applies to all.** Within 7 days, partial credit *may* be offered.
- We require an original signature of a parent or guardian for our records.
- All paperwork must be submitted at least 7 days prior to camp or a **late fee** will be applied.
- To learn how to become a *member* of the Friends of Rogers – please visit:

https://friendsofrogers.square.site/product/membershipaspen/25?cp=true&sa=false&sbp=false&q=false&category_id=4

Items your child should bring to Adventure Camp

- Face mask(s) –
dependent upon local guidance at time of 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)

Questions? Call Rogers Center at: (607) 674-4733 or email: info@FriendsofRogers.org

Please mail registration & check payment made out to FRIENDS of ROGERS to:

Summer Camp Director / FOR

PO Box 932

Sherburne, NY 13460

or

Email/Scan to: info@FriendsofRogers.org

(Camp Registration Forms will be opened and processed in order of postmark date)



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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	

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

Flyer Rogers Website In person at the Rogers Center Word of mouth Facebook Other _____

CHECK which camp week(s) hoping to attend	3-5	6-8	9-11	Total Fee
"Camp-a-palooza" <i>July 11-15</i> Let's ROCK and explore all that Rogers has to offer! Crayfish exploration is a must along fishing, boating and crafting!	XXXX			
"Splish Splash" <i>July 18-22</i> Water, water everywhere! Play with water and explore why this molecule is so important! If you enjoy kayaking or canoeing come along for the ride! <i>Yes, we will fish!</i>	XXXX			
"Best of the Best" <i>August 1-5</i> Taking the best activities we have and doing them all week long. <i>Yes, we will fish!</i>				
"Grand Finale" <i>August 8-12</i> Who knows what will happen this week! Each day will be a different theme such as hiking, boating, crafting, fishing and fort making!				
"Fun in the Sun!" <i>August 15-19</i> Search for salamanders, crayfish and so much more!		XXXX	XXXX	
Multi-Child Member Discount of \$9 for the 2 nd child, \$15 for the 3 rd each week.				Discount Total
Camp T-Shirt Size? -Included in registration fee- Circle Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL				<i>Sizes may run small</i>
Total Balance Due				



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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 diagnosed:

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.

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

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 them to apply and help if necessary.

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 and video of my child partaking in Rogers Adventure Camps. I understand that these pictures and videos may be used in the promotion of Friends of Rogers.

Adventurers Name:

Signature: _____ Date: _____