Rogers Summer Adventure Camp 2023

General Information
Junior Explorers: Ages 3-5 years old (all campers must have independent bathroom skills)
   9:00 AM - Noon
   $149 for members; $190 for not-yet members
Explorers: Ages 6-11 years old
   9:00 AM - 3:00 PM
   $199 for members; $245 for not-yet members
Adventurers: Ages 12-15 years old
   9:00 AM - 3:00 PM
   $199 for members; $245 for not-yet members

Early Registration Deadline is June 1. On June 2 no discounts will be applied. Payment must be received by the deadline in order to receive discounts. A 50% deposit is allowed, but full payment must be provided no later than June 1.

Early Registration Discounts:
   • Save $10 per weekly session
   • Multi-child: save $5 for a second camper, and $10 for a third camper for each week they attend

Late Registration: All paperwork must be submitted at least 7 days prior to the start of camp or a late registration fee of $7 will be applied.

Refunds: granted up to 7 days prior to start of camp session, minus a $25 nonrefundable administration fee. If canceling less than 7 days before camp session begins, a partial credit may be offered.

We require an original signature of parent/guardian for all our records.

Items your camper(s) should bring to Adventure Camp:
   • A snack that does not need to be refrigerated or heated
   • A lunch (ages 6-11) that does not need to be refrigerated or heated
   • A change of socks and shoes
   • Rain boots or an extra pair of old shoes that can get wet/muddy (no flip-flops or crocs, or any other open-toed shoe)
   • Reusable water bottle
   • Sunscreen (we do not supply any)
   • Bug spray (we do not supply any)
   • Rain gear (we go out rain or shine)
   • A change of clothes (just in case)
   • A backpack that fits your camper(s)
   • Sweatshirt (optional, but a good idea)
   • Hat
   • Bandanna (optional)
# Rogers Summer Adventure Camp
## 2023 Application

<table>
<thead>
<tr>
<th>Camper’s Name:</th>
<th>DOB:</th>
<th>Age at camp:</th>
<th>Male/Female/Non-binary:</th>
<th>Grade in Fall:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:</td>
<td>Phone:</td>
<td></td>
<td>Phone:</td>
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<tr>
<td>Parent/Guardian:</td>
<td>Phone:</td>
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<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip</td>
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<td>Email (registration confirmation &amp; camp notices):</td>
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<td>Emergency Contact:</td>
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<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
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<tr>
<td>Relationship:</td>
<td>Phone:</td>
<td>Phone:</td>
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### How did you hear about this program? (please check all that apply)
- [ ] Flier
- [ ] Rogers Website
- [ ] In person at the Rogers Center
- [ ] Word of Mouth
- [ ] Facebook
- [ ] other

### Camp Fees:
- 3-5 YO sessions $149 members; $190 not-yet-members
- 6-15 YO sessions $199 members; $245 not-yet-members

### Select Your Camp(s) - limit of two sessions per camper

<table>
<thead>
<tr>
<th>Week 1: Joys of Summer (July 10-14)</th>
<th>3-5 YO</th>
<th>6-8 YO</th>
<th>9-11 YO</th>
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<tbody>
<tr>
<td>Fee: ________________</td>
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<tr>
<td>Week 2: Amazing Adventures I (July 17-21)</td>
<td>3-5 YO</td>
<td>6-8 YO</td>
<td>9-11 YO</td>
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<td>Fee: ________________</td>
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<td>Week 3: Call of the Wild (July 24-28)</td>
<td>6-8 YO</td>
<td>9-11 YO</td>
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<td>Fee: ________________</td>
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<tr>
<td>Week 4: The Magical Woodland I (July 31-Aug 4)</td>
<td>3-5 YO</td>
<td>6-8 YO</td>
<td>9-11 YO</td>
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<td>Fee: ________________</td>
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<tr>
<td>Week 5: Cabinet of Curiosities (Aug 7-11)</td>
<td>12-15 YO</td>
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<td>Fee: ________________</td>
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<tr>
<td>Week 6: Amazing Adventures II (Aug. 14-18)</td>
<td>6-8 YO</td>
<td>9-11 YO</td>
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<td>Fee: ________________</td>
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<tr>
<td>Week 7: The Magical Woodland II (Aug. 21-25)</td>
<td>6-8 YO</td>
<td>9-11 YO</td>
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### Early Bird Discounts
- submit application before June 2 to receive $10 off for each week of camp:

### Multi-child Discount ($5 for 2nd; $10 for 3rd - each week)
- This is camper #

### Camp T-shirt (no guarantee after June 1) - $5 per shirt
- [ ] YS
- [ ] YM
- [ ] YL
- [ ] AS
- [ ] AM
- [ ] AL
- [ ] XL
(circle 1)

### Total Balance Due: _________
Payment Options:

___  Check  ___  Cash  ___  Credit Card

Credit Card # ____________________________  Exp Date: ____________

Name on the card: ________________________  CVC: ________________

Make checks payable to:  Friends of Rogers

You can mail in your payment with these forms to:
   Friends of Rogers - Summer Camp
   PO Box 932
   Sherburne, NY  13460

Or you can bring in the forms and pay in person during visitor center hours (Wed-Sat 10 AM - 4 PM; Sunday Noon - 4 PM).

Or you can mail/email the forms and call us to pay over the phone with your credit card.
Rogers Summer Adventure Camp
2023 Medical Form

Camper: ________________________________________________ DOB: ________________

Physician: ______________________________________________ Phone: _________________________

Address: __________________________________________________________________________________

Insurance: ________________________________________________ Policy # __________________________

Health History (please check all that apply):

Allergies: ___ hay fever ___ poison ivy ___ insect stings ___ penicillin
___ Other drugs ________________________________________________
___ Foods _____________________________________________________
___ Other _____________________________________________________

Diseases/Conditions: ___ Asthma ___ German measles ___ mumps ___ chicken pox ___ measles
___ heart murmur ___ diabetes ___ Hepatitis ___ Rheumatic fever
___ chronic illness ___ operations ________________________________
___ serious illness _____________________________________________
___ other ____________________________________________________

Medications: (list all medications your child currently takes; make note if they need to take the medication
during the day at camp and provide all dose information with it) _______________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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.
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 for 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 video may be used in the promotion of Friends of Rogers.

Print Name: ________________________________  Signed Name: ___________________________________

Date: _________________

Custody Information: To ensure, to the best of our ability, the welfare and safety of all our campers at Rogers Adventure Camps, you must come in to the Visitor Center to sign your child in and out of camp. Only those whom you authorize here may pick your child up from camp. We will not release your child to anyone not included on this form. Please list the names and phone numbers of those individuals who may collect 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. __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Rogers Center camp staff have permission to apply/provide sunscreen and insect repellent to my child.

___ Yes  ___ No

Authorization

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Print Name: ________________________________  Signed Name: ___________________________________

Date: _________________