



ROARING BROOK
SUMMER CAMP

ROARING BROOK SUMMER CAMP

480 Roaring Brook Rd, Bradford VT 05033

802/449-7187

2020 REGISTRATION FORM

For applicants who register prior to June 1st, a non-refundable deposit must accompany the registration form and the tuition balance is due by June 1st. For applicants who register after June 1st, full tuition must accompany the registration form. If we have not received camp tuition by the deadline, and unless alternative payment arrangements have been made with us, we reserve the right to give your space to another camper. Thank you!

Please check the session of your choice:

- ___Pioneers 1 (2 weeks): July 5 - July 18 (\$1925) non-refundable deposit due: \$500
- ___Pioneers 2 (2 weeks): July 19 – Aug 1 (\$1925) non-refundable deposit due: \$500
- ___Explorers (3 weeks): July 5 - July 25 (\$2900) non-refundable deposit due: \$750
- ___Adventurers (4 weeks): July 5 – Aug 1 (\$3875) non-refundable deposit due: \$1000
- ___Pilgrims (1 week): July 5 - July 11 (\$975) non-refundable deposit due: \$250
- ___Pilgrims (1 week): July 12 - July 18 (\$975) non-refundable deposit due: \$250
- ___Pilgrims (1 week): July 19 - July 25 (\$975) non-refundable deposit due: \$250
- ___Pilgrims (1 week): July 26 - Aug 1 (\$975) non-refundable deposit due: \$250
- ___Inner Wild Girls Camp (1 week): Contact for dates (\$975) non-refundable deposit due: \$250

The Counselor in Training (CIT) program is open to 15 and 16 year olds.

- ___2 weeks (CIT) July 5 - July 18 (\$1175) non-refundable deposit due: \$500
- ___2 weeks (CIT) July 19-Aug 1 (\$1175) non-refundable deposit due: \$500
- ___4 weeks (CIT) July 5 - Aug 1 (\$2350) non-refundable deposit due: \$1000

CAMPER INFORMATION

Name _____ **DOB** _____

Address _____

City, State and Zip Code _____

Age as of June 1, 2020 _____ **Current Grade** _____

PARENT/GUARDIAN INFORMATION

Name _____ **Relationship** _____

Address (if different than camper's) _____

Phone:
Home _____ **Cell** _____ **Work** _____

Email _____

OTHER PARENT/GUARDIAN

Name _____ **Relationship** _____

Address (if different than camper's) _____

Phone:
Home _____ **Cell** _____ **Work** _____

Email _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Name _____ **Relationship** _____

Address (if different than camper's) _____

Phone:
Home _____ **Cell** _____ **Work** _____

Email _____

Family Discount - please enjoy 10% off the tuition cost if more than one family member is registering! The discount will be applied to the lesser priced session if applicable (Doesn't apply if other discounts are being used)

CAMPER INFORMATION

Has your child expressed any concerns about coming to overnight camp? If yes, please explain.

Have there been any major life challenges or changes in the past 12 months that may impact your child this summer? (Such as a birth, divorce, death or a move, etc)

Does your child require assistance during the school day? If yes, please explain.

What school, community or peer pressures, if any, has your child had difficulty managing on his own in the past?

Are there any issues that would be helpful for us to know regarding your child's ability to maintain personal hygiene?

Is there any additional information that would be helpful for us to know about your child to ensure a positive camp experience?

In your child's own words, why does he want to come to camp?

Why do you want your child to come to camp?

Your child identifies as:

African American

Latino/Latina

Asian America

Multi-Racial

Caucasian

Native American

International

Other (please enter details)

Prefer not to answer

How did you learn about Roaring Brook Summer Camp?

- Website
- Printed Ad or Brochure
- Camp Fair
- Word of Mouth
- Social Media (Facebook, Instagram, YouTube etc)
- Other (please describe)

Enrollment acceptance is conditional upon receipt of the following no later than June 1st:

- Registration Form
- Health History Form
- Physical Exam - must be within a year of child's 1st day of camp (Including Immunization Record and Asthma or Epipen Action Plan if applicable)
- Insurance Card - copy of both sides
- Over the Counter Medication Permission (OTC)
- Waivers - if they apply

Campers attending Roaring Brook Summer Camp must be able to:

- Move daily on foot on uneven outdoor terrain and negotiate natural obstacles, such as hills, streams, and boulders, tree roots.
- Live in a rustic cabin or sleep in a tent with other campers and counselors.
- Eat regularly provided meals and drink.
- Participate willingly in camp activities, daily chores and community living with fellow campers.
- Refrain from violence, hitting, verbal abuse, swearing, bullying and any inappropriate or unwelcoming touching or any other similar behavior.
- Show respect for others, work, live and play in large and small groups.
- Continue taking prescribed medication if directed by a doctor.
- Participate in normal activities related to self-care, health and hygiene.
- Abide by camp rules as explained by camp staff.
- Immediately notify camp staff if they aren't feeling well or of any health condition that may require medical attention or change of activity.

TUITION AND REFUND POLICY

All deposits are non-refundable. Failure to meet the payment deadline can result in cancellation of registration unless other arrangements have been made with us. For applicants who register later than June 1st, full tuition payment must accompany the registration packet.

If the registration for a camper is withdrawn prior to March 1st, all tuition payments will be refunded less the deposit. There isn't any tuition reduction for arriving late or leaving early. There will be no refund if a camper is asked to leave during the session for disruptive behavior, or if a camper is voluntarily withdrawn by parent(s) or legal guardian.

Any unpaid balances for any and all family members attending camp must be reconciled, by June 1, 2020, in order for your child to be admitted to camp.

PARENT/GUARDIAN AGREEMENT

By signing this Agreement and permitting my child to attend and participate in camp activities at Roaring Brook Camp, I acknowledge, understand, and agree to the following:

General. All the information in this registration agreement is confidential and will be shared only with the appropriate staff at Roaring Brook Camp. It is essential that Roaring Brook Camp be made aware of any physical, mental or emotional conditions that would affect the safety of the applicant, other campers, or staff of Roaring Brook Camp, and of any reasonable modifications necessary to ensure such safety. I understand that if I have failed to make a complete and accurate disclosure, and if my child's undisclosed physical, mental or emotional conditions adversely affect the safety of my child, other campers, or staff of Roaring Brook Camp, my child may be asked to leave camp and I will receive no refund of tuition. I acknowledge that the information provided on this Camper Registration form and on the Health History form is complete and accurate. By signing this agreement, I am confirming that my child is capable of meeting the participation requirements outlined in this registration form. I further represent that I have lawful custody of my child and the legal authority to enter into this agreement.

Accommodation. I understand that any serious or life-threatening allergies or dietary restrictions may not be possible to accommodate because Roaring Brook Camp cannot guarantee there will be no cross-contamination, and that it may not be possible to accommodate certain conditions. I will inform Roaring Brook Camp in advance of any conditions, allergies and dietary restrictions affecting my child so we can discuss what Roaring Brook Camp can and cannot accommodate.

Activities. I understand that the activities of Roaring Brook Camp take place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: rustic cabin living, tenting, hiking, biking, swimming, canoeing, kayaking, paddle boarding and other waterfront activities not listed, rock climbing, ropes course, bouldering, cooking over fires, fire building, blacksmithing, use of hand tools, archery and riflery, riding in vehicles owned or operated by Roaring Brook Camp, excursions off camp premises to locations in Vermont and New Hampshire, in the custody and under the supervision of camp personnel, for the purpose of camp activities, and other activities not mentioned. I have been advised, and understand and agree that there may be risks inherent in the above-mentioned activities and other activities not mentioned which may take place on-site or off-site in Vermont or other states, including the risk of loss of or damage to property, bodily injury or death. Recognizing the potential hazards outlined above, and with full knowledge and awareness of any dangers inherent in and related to the above mentioned activities and others not mentioned, I knowingly allow my child to participate in them and voluntarily enroll and engage my child in these activities and assume full responsibility for all risks relating to my child's participation in camp activities.

Medical Expenses. I agree that I am responsible, and Roaring Brook Camp is not responsible, for any medical costs or expenses arising out of or relating to any injury or illness sustained by my child while on camp premises, off-camp premises or participating in camp activities.

Waiver and Release. I, on behalf of myself, my child and my assigns, do hereby waive, release and hold harmless Roaring Brook Camp, its employees, volunteers, agents, successors, and assigns (collectively "Releasees"), of and from any and all claims of any nature whatsoever, including suits, causes of action, demands, liabilities, judgments, awards, costs and expenses, including reasonable attorneys' fees, resulting from any loss, property damage, or bodily injury or death to my child or any other person, arising out of, relating to or in any way connected, directly or indirectly, to camp operations, premises and activities, and any and all other acts or omissions of or attributed to Roaring Brook Camp, including but not limited to claims based on contract or alleged negligent acts or omissions of Roaring Brook Camp, its employees, volunteers and agents, and specifically including claims for ordinary negligence, gross negligence, or willful misconduct of any third party, regardless of whether such is the sole or contributing cause of the loss, property damage, bodily injury or death (collectively the "Released Claims").

I further covenant and agree that I will not initiate, maintain, or participate in without legal compulsion, any suit, action or proceeding in which any of the Released Claims are asserted, and that I will indemnify and hold harmless Releasees for, from and against any and all Released Claims, whether asserted by me, my child, or anyone else, at any time. It is my intention to release and hold harmless Releasees in all matters, to the fullest extent permitted by law. I further agree that under no circumstances will any Releasees be liable to me or my child in an amount exceeding any sums paid to Roaring Brook Camp in consideration of my child's registration and/or participation in Roaring Brook Camp activities or programs.

Dispute Resolution. I agree that any lawsuit relating to this agreement and/or my child's participation in camp must be filed in and adjudicated by a court or competent jurisdiction sitting in the State of Vermont, and will be subject to dismissal if filed in any other court, and that this agreement will be interpreted and construed, and any such dispute will be governed by, the laws of the State of Vermont. I waive my right to a jury trial of any such dispute.

Image Release.

I/We hereby **ALLOW** Roaring Brook Camp to use photographs, audio clips or video images of my child for promotional materials including social media. INITIAL HERE _____

I/We hereby **DO NOT ALLOW** Roaring Brook Camp to use photographs, audio clips or video images of my child for promotional materials including social media. INITIAL HERE _____

Other Terms and Policies. By signing and submitting this form, I acknowledge that I have read and agree to the terms and policies outlined in the Parent Handbook and on this Registration Form and on the Health History Form and any camp literature, and the documentation on the Roaring Brook Camp website, including tuition policies, and that ALL DEPOSITS are non-refundable.

Parents'/Guardians' Signature: _____

Date: _____

Parents'/Guardians' Signature: _____

Date: _____

ROARING BROOK SUMMER CAMP

480 Roaring Brook Rd

Bradford, VT 05033

HEALTH HISTORY FORM

All the information on this form is confidential and will be shared only with appropriate staff.

Reminder - a copy of the camper's current Physical Exam (within 12 months prior to the start date of camp) is needed and must be completed and signed by your child's doctor!

Camper Name _____

Male _____ Female _____ DOB _____ Age on arrival at camp _____

Camper Home address _____

Doctor name and address: _____

Doctor Phone number: _____

Parent/guardian with legal custody to be contacted in case of an emergency, illness or injury:

Name _____ Relationship to camper _____

Preferred Phone _____ Email _____

Home address (if different from camper's address)

Second parent/guardian or other emergency contact:

Name _____ Relationship to camper _____

Preferred Phone _____ Email _____

Home address (if different from camper's address)

CAMPER NAME: _____ **DOB:** _____

ALLERGIES: (Please describe below what the camper is allergic to and the reaction seen. A physician signed asthma or epipen action plan is required prior to admission to camp.)

No known allergies

This camper is allergic to:

Food Medications The environment (insect stings/bees, hay fever, other etc.)

DIET/ NUTRITION: (Please provide any information that will be helpful in understanding your child's dietary restrictions.)

This camper eats a regular diet. This camper eats a regular vegetarian diet.

This camper is lactose intolerant. This camper is gluten intolerant.

Other, please explain.

PROGRAM RESTRICTIONS:

I have reviewed the program and activities of the camp and feel this camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel this camper can participate with the following restrictions or adaptations. **(Please describe below.)**

INSURANCE INFORMATION: (Please include a copy of both sides of your insurance card.)

This camper is covered by medical/hospital insurance: Yes No

Insurance company _____ Policy/ID number _____

Insurance co. phone number _____

Subscriber _____ Relationship to camper _____

CAMPER NAME: _____ DOB: _____

GENERAL HEALTH HISTORY: Check “Yes” if your child has been diagnosed with or treated for the following.

- Ever been hospitalized? _____ Yes
- Ever had surgery? _____ Yes
- Recurrent/chronic illnesses? _____ Yes
- Recent infectious disease? _____ Yes
- Recent injury? _____ Yes
- Asthma/wheezing? _____ Yes
- Seizures? _____ Yes
- Diabetes? _____ Yes
- Headaches/migraines? _____ Yes
- Digestion/intestinal problems? _____ Yes
- Chest pain with activity? _____ Yes
- Fainting/dizziness? _____ Yes
- Passed out with activity? _____ Yes
- Bone/joint disorder? _____ Yes
- Heart condition/murmur? _____ Yes
- Skin problems? _____ Yes
- Sleep/sleepwalking problems? _____ Yes
- Bed wetting? _____ Yes
- Anxiety/depression? _____ Yes
- Immune disorder? _____ Yes
- Prone to severe homesickness? _____ Yes
- Mononucleosis (mono) in the past 12 months? _____ Yes
- If female, any problems with periods/menstruation? _____ Yes

Please explain “Yes” answers below.

MENTAL, EMOTIONAL, SOCIAL HEALTH: (please check “Yes” or “No” for each statement)

Has the camper:

1. Ever been treated for ADD or ADHD? _____ Yes _____ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? __ Yes __ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?
_____ Yes _____ No **(If “Yes” please explain diagnosis or reason for treatment below)**
4. Had a significant life event that continues to affect the camper's life? _____ Yes _____ No

(Death of a loved one, abuse, divorce, new sibling, adoption, survived a disaster, others)

(Please explain “Yes” answers in the space below. The camp may contact you for additional information.)

CAMPER NAME: _____ **DOB:** _____

MEDICATIONS:

Roaring Brook Summer Camp can only administer prescription drugs in accordance with direction from licensed medical personnel (not parents and campers). We must have the doctor's written direction and the original labeled bottle of medicine. Please supply the camp with enough medicine for the duration of your child's stay at Roaring Brook Summer Camp.

Is your child currently taking any medications (prescription including epipens and inhalers), over the counter, herbal, vitamins, homeopathic or alternative)? If yes, please List.

_____ Yes _____ No

Do you make seasonal adjustments in your child's medication(s)? _____ Yes _____ No

(If "Yes", please explain)

Medication name and dose (mg) _____

Time(s) taken _____

How it is given _____

Reason for use _____

Medication name and dose (mg) _____

Time(s) taken _____

How it is given _____

Reason for use _____

Medication name and dose (mg) _____

Time(s) taken _____

How it is given _____

Reason for use _____

CAMPER NAME: _____ DOB: _____

What have we forgotten to ask? Please provide any additional information about your camper's health that you think is important for us to know or that may affect your camper's ability to fully participate in the camp program. *Thank you!*

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:

This Health History is correct to the best of my knowledge and accurately reflects the health status of this camper. The camper listed above has permission to participate in all Roaring Brook Camp activities except as noted by me on this form and/or an examining physician on the Physical Exam Form. I hereby give permission for Roaring Brook Camp staff to seek treatment related to the health of my child for both routine health care and in emergency situations; to provide, seek, or consent to routine health care, to administer prescribed medications including but not limited to inhalers and epipens, to administer over-the-counter medications, including but not limited to herbal, homeopathic or alternative supplements and vitamins, and to seek medical care and treatment as needed, included but not limited to x-rays, routine tests, emergency room visits, and hospitalization. I hereby give permission to Roaring Brook Camp to arrange any related transportation required for medical needs including but not limited to transport to a doctor's office or clinic or hospital. I agree to the release of any medical records necessary for treatment, referral, billing or insurance purposes.

If I cannot be reached in an emergency, I give my permission to the Roaring Brook Camp staff to secure and administer proper treatment, including hospitalization (including injections, anesthesia and surgery) for this camper. I further represent that I have lawful custody of my child and the legal authority to enter into this agreement.

I understand the information on this form will be shared on a "need to know" basis with Roaring Brook Camp staff and medical professionals. I give permission to photocopy this form. In addition, the Roaring Brook Camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the Roaring Brook Camp staff and medical professionals about my child's health status.

Signature of Custodial Parent/Guardian:

Date: _____ Relationship to camper: _____

REMEMBER TO INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD and PHYSICAL EXAM FROM YOUR DOCTOR -THANK YOU!

**ROARING BROOK SUMMER CAMP
480 ROARING BROOK RD
BRADFORD VT 05033
802/449-7187**

Consent for camper to receive **over the counter medications** while at Roaring Brook Camp.

I give permission to Roaring Brook Summer Camp staff to administer routine over the counter medications as required by:

Camper Name: _____

- | | | |
|-----|----|--|
| Yes | No | Acetaminophen (Tylenol) |
| Yes | No | Ibuprofen (Advil, Motrin) |
| Yes | No | Topical Antibiotic Cream |
| Yes | No | Calamine Lotion (poison ivy) |
| Yes | No | Hydrocortisone 1% Cream (dermatitis: itchiness, redness) |
| Yes | No | Benadryl |

Other: _____

Signature: _____
Parent or Legal Guardian

Date: _____

IF APPLICABLE, PLEASE FILL OUT THE FOLLOWING WAIVER(S).

WAIVER OF RESPONSIBILITY FOR PERSONAL BICYCLE AND BIKING EQUIPMENT:

I hereby certify that I am the parent or legal guardian of _____,
and I release Roaring Brook Summer Camp and staff from responsibility for any damage that occurs to
_____ 's bicycle (rented or personal bike) or other biking equipment while
he/she is attending Roaring Brook Summer Camp.

Signature of parent/legal guardian: _____

Date: _____

**WAIVER TO RELEASE CHILD TO SOMEONE OTHER THAN PARENT OR LEGAL
GUARDIAN ON DEPARTURE DAY:**

I hereby certify that I am the parent or legal guardian of _____,
and I give my permission for the following person to pick up my child _____ from
Roaring Brook Summer Camp on his/her departure day.

Person's name: _____

Phone number: _____

I/We understand that a photo ID must be presented before my child will be released to this person.

Signature of parent/legal guardian: _____

Date: _____