

# TROOP T

## TEEN OUTDOOR ADVENTURE TRAINING PROGRAM Registration Form 2020

ONE REGISTRATION FORM PER CAMPER

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

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Date of Birth \_\_\_\_\_ Grade Entering Fall 2020 \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mother's /Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_ 2018 Camper? Yes \_\_\_\_\_ No \_\_\_\_\_

T shirt size: (Circle One) Adult : S M L XL

**Would you like a Camp Ponemah Welcome bag?** Includes a water bottle, sunglasses, limited edition T shirt and a cinch sack.

**Only \$35!** Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have special needs? (explain) \_\_\_\_\_

Does child require an aid or special assistance during the school day? \_\_\_\_\_

**Allergies/Medical problems we should be aware of:** \_\_\_\_\_

Child's swimming ability \_\_\_\_\_

Alternate Pickup Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_

### Check Sessions:

- [ ] **Week 1** 6/22-26
- [ ] **Week 2** 6/29-7/3
- [ ] **Week 3** 7/6-10
- [ ] **Week 4** 7/13-17
- [ ] **Week 5** 7/20-24
- [ ] **Week 6** 7/27-31
- [ ] **Week 7** 8/3-7

### Early Drop Off

**7:00-7:30 am \$10 a week**

[ ] Yes [ ] No

[ ] **Hampshire Hills Member**

[ ] **Non-Member**

Second child discount? [ ] Yes [ ] No

### Bus transportation required?

\$40/Week-Round Trip | \$30/Week-One Way

[ ] Bedford-Harvest Market

[ ] Merrimack- Burger King

[ ] Nashua- Exit 6 - Chunky's Cinema Lot

[ ] Hollis Elementary RT. 122

**\$100 per week deposit and  
\$25 registration fee required  
with registration form to reserve your spot.**

Deposit applied to weeks your child  
will attend.

Deposits are non-refundable and  
non-transferable.

**All camp fee balances for all weeks  
are due  
before June 1, 2020.**

Check payable to  
**Hampshire Hills Athletic Club**  
PO Box 404, 50 Emerson Rd  
Milford, NH 03055

**Lauren Desmarais**  
lauren@hampshirehills.com  
603.673.7123, x272

# TROOP T 2020

## Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
( )	( )
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I release Hampshire Hills & The Hampshire Dome and individuals from liability in case of accident during activities related to Camp Ponemah, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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# TROOP T 2020

## Enrollment Agreement/General Permission Slip/Waiver

We/I have enclosed a \$25 registration fee along with \$100 per week non-refundable deposit that will be credited toward each week my child is registered. We/I agree to pay all fees by June 1, 2020.

We/I understand there is a \$25.00 fee for checks returned by the bank.

Children's safety is paramount; therefore, anyone with special physical or sensory facility needs may be enrolled only after consultation with the Camp Director. We/I understand it is our responsibility to bring any special concerns about our child to the Director's attention at the time of registration.

Dismissals: We/I understand the Director reserves the right to withdraw any camper when in his/her judgment the camper's behavior interferes with the rights and safety of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct. In such cases, no refunds will be given.

When/if discipline issues arise; steps are taken to remove campers from groups and to inform parents of subsequent actions and plans.

Withdrawal/Refund Policy: We/I understand that once Troop T accepts our registration, no refunds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.

We/I give my child permission to participate in the Troop T Summer Camp program at Hampshire Hills Athletic Club in Milford NH. In the event that none of the named emergency contact persons, parent or guardian can be reached, I hereby give permission to the staff of Hampshire Hills to administer whatever care he/she deems necessary for the safety and well being of my child.

We/I give my child permission to participate in all activities at Troop T/Camp Ponemah including Field Trips to various locations including State Parks, movies and Adventurelore. A list of dates and field trip locations are listed in the Parent Packet.

We/I authorize permission for our child's photo to appear in news release, flyers, web pages, brochures, videos, public and private advertising, or any other promotional literature and media.

### **Waiver and Release of Liability *(Important ~ Read before signing)***

In consideration of being allowed to participate at the Facility known as the Hampshire Hills Athletic Club and Hampshire Dome, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity.

For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers arising out of my use of the Facility.
2. To release the Licensors Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers in the operation, supervision, design or maintenance of the Facility.
3. We/I authorize permission for our child's photo to appear in news release, flyers, web pages, brochures, videos, public and private advertising, or any other promotional literature and media.

Signature Parent/Guardian: \_\_\_\_\_

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