



**TEEN ADVENTURE CAMP**  
**13-16 YEAR OLDS**  
**LOCATION: Riddle Brook School**



**WEEK 1 (June 26-27-28)**  
FIELD TRIP (Tuesday) Sunapee State Park  
FIELD TRIP (Wednesday) TBD  
FIELD TRIP (Thursday) Canobie Lake Park



**WEEK 2 (July 3rd & July 5th\*\*) 2-day camp**  
FIELD TRIP (Tuesday) Wallis Sands State Beach  
FIELD TRIP (Thursday) TBD



**WEEK 3 (July 10-11-12)**  
FIELD TRIP (Tuesday) TBD  
FIELD TRIP (Wednesday)  
FIELD TRIP (Thursday) Funtown/Splashtown

**WEEK 4 (July 17-18-19)**  
FIELD TRIP (Tuesday) Hampton Beach State Park  
FIELD TRIP (Wednesday) TBD  
FIELD TRIP (Thursday) TBD

**WEEK 5 (July 24-25-26)**  
FIELD TRIP (Tuesday) TBD  
FIELD TRIP (Wednesday) TBD  
FIELD TRIP (Thursday) Whales Tale Water Park

**WEEK 6 (July 31-Aug 1-2)**  
FIELD TRIP (Tuesday) Wallis Sands State Beach  
FIELD TRIP (Wednesday) TBD  
FIELD TRIP (Thursday) TBD



**WEEK 7 (Aug 7-8-9)**  
FIELD TRIP (Tuesday) TBD  
FIELD TRIP (Wednesday) TBD  
FIELD TRIP (Thursday) Water Country

**\*\*All Trips are tentative and subject to change\*\***  
**REVISED 2/1/12**

**STEP-BY-STEP REGISTRATION PROCESS:**

**2012 TEEN ADVENTURE CAMP (13-16 Year Olds)**

- 1) Complete registration/medical form and check off week's child will be attending Camp
- 2) Add Registration Fee \$25 per person (Non-Refundable)
- 3) Add Deposit which is 50% of total amount due for all camp weeks
- 4) CAMP HOURS 9-4 PM we do offer Before/After Camp Care additional fee ~ Add \$5 per day for Before Camp Care (7:30-9 AM) or \$5 per day After Camp Care (4-5:30 PM) or request both Bedford & After Camp Care **MAX \$25/week per child**
- 5) CAMP BALANCE DUE ~ June 1, 2012

**REGISTRATION FEE: \$25 per person**      **Multiple Child Discount (third & fourth child) - \$30 off per week**

**TEEN ADVENTURE CAMP: (T-W-Th) Bedford Residents: \$180      Non-Residents: \$190**

Registrations after June 1, 2012 ~ **MUST BE PAID IN FULL AT TIME OF REGISTRATION** ~  
Registration continues till camp reaches full capacity

**4th of JULY Holiday Week ~ Special Rates TEEN ADVENTURE**

**\*\*Special 2-day rate = \$120**

**MAKE CHECKS PAYABLE:**      Town of Bedford (write in Memo Line: Child's Name & Week #'s)

**MAIL REGISTRATION/MEDICAL FORM & PAYMENT:**      Parks & Recreation Department  
24 North Amherst Rd, Bedford, NH 03110

Any questions, please call the Parks & Recreation Department at 472-5242 or e-mail: [jobrien@bedfordnh.org](mailto:jobrien@bedfordnh.org)

**PARKS & RECREATION TEEN ADVENTURE CAMP ~ 2012**  
Participant Information – Registration Form

Child's Name: (Last) \_\_\_\_\_ (Please print neatly) (First) \_\_\_\_\_

Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Fall Grade: \_\_\_\_\_  Male  Female T-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Employment: \_\_\_\_\_  
(Last, first)

Dad's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Employment: \_\_\_\_\_  
(Last, first)

Date of Last Tetanus Shot: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(must be completed for child to attend camp)

**TEEN ADVENTURE CAMP (TU-W-TH)**

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**BEFORE CAMP CARE (7:30-9 AM) T W Th (circle days needed)\*\* AFTER CAMP CARE (4-5:30 PM) T W Th**

**\*\*ADDITIONAL FEE (\$5 per day) (Max \$15 per week)**

- Are there any identified health issues (including, but not limited to asthma, diabetes and epilepsy), which your child may have that may need emergency treatment?  No  Yes (If yes, provide physician's statement)
- List all pertinent information regarding any health problem (s) including physical, psychiatric, behavioral, or other problems. Please help us serve your child by being specific.
- List your child's allergies: \_\_\_\_\_  
Swimming Ability: My child is  Non-swimmer  Beginner  Swimmer

**SPECIAL INSTRUCTIONS** on how to reach a parent in the case of an illness or other emergency. In case parent(s) cannot be notified, please list (2) emergency contacts: Only those listed will be allowed to pick-up a child from Camp and must show ID at time of pick-up.

Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**EMERGENCY PHONE NUMBERS**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMP RELEASE AND EMERGENCY TREATMENT FORM**

I give my permission for my child \_\_\_\_\_ to participate in the Camp activities including all field trips that the Parks & Recreation Department Camp(s) offers. I do assume all the risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and save harmless, the Town of Bedford, the organizers of the activities, sponsors, and anyone connected with the program. I hereby waive all claims against the Town of Bedford, the Bedford School District and any of the supervisors of the recreation program. I agree to the unreserved use of my child's name and/or photographs and/or videotapes FOR PUBLICIZING Camp activities.

Also, in the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician selected by the Camp Director to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**Registration Fee - \$25 per person (Non-Refundable)**

# Camp Weeks \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

**Before/After Camp Care (\$5/day ~ \$15/week maximum)** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

**Minus 50% Deposit:** \_\_\_\_\_ **BALANCE DUE JUNE 1<sup>st</sup>** \_\_\_\_\_