

Welcome to our 2023 Adventurelore Summer Program! This is our 42nd year and we are so glad to have such great repeat campers. If you are coming to Adventurelore for the first time, get ready for an amazing experience, new friendships and lifelong memories.

Our camp registration forms follow. Please complete, sign and return to us ASAP.

A \$500.00 deposit per program is required to register. We are unable to hold a spot without this deposit. The deposit is payable by check or credit card. We accept MASTERCARD, VISA, DISCOVER. There is a 2.4% processing fee on credit card payments.

All camp programs leave from our headquarters in Danville, NH. We provide transportation to and from camp locations.

2023 JUNIOR PROGRAMS	ARRIVE @ DANVILLE
5 Day JR 1 Woodstock, NH (July 10-14) \$1,295	Monday, July 10 @ 10:00am
5 Day JR 2 Woodstock, NH (July 17-21) \$1,295	Monday, July 17 @ 10:00am
6 Day JR 3 Franklin, ME (July 31- August 5) \$1,395	Monday, July 31 @ 9:00am
2023 SENIOR PROGRAMS	ARRIVE @ DANVILLE
8 Day XC Challenge (June 24 – July 1) \$1,895 additional \$295 for bike	Saturday, June 24 @ 9:00am
8 Day Land & Sea (July 6– July 13) \$1,895	Thursday, July 6 @ 9:00am
8 Day White Mountain (July 30 – August 6) \$1,795	Sunday, July 30 @ 10:00am
6 Day GIRLS ACADIA (July 17 – July 22) \$1,395	Monday, July 17@ 9:00am
6 Day Girls White Mountain Adventure (June 25- June 30) \$1,395	Sunday, June 25 @ 10:00am

Each program returns to Danville at approximately 3pm. We will make every effort to contact you should this change. Please allow some time for post-trip conferences.

Any questions you have, we can answer! Call us @ 603-382-4661, or email us at Office@adventurelore.org!

We are ready for another *FUNtastic* summer. All we need is you!

We recommend you use a duffle bag for all your child's belongings. On your arrival day, *please bring a backpack with your own lunch, water, bathing suit and towel.*

PLEASE LABEL EVERYTHING! Unclaimed clothing is donated to charity. We are not responsible for lost or stolen valuables. Use of personal cell phones or electronics will not be allowed during programs. Cell phones will be collected by our staff and returned at the end of the program.

ALL PRESCRIPTION MEDICATION MUST BE GIVEN TO ADVENTURELORE STAFF @ REGISTRATION

WHAT TO BRING: again, PLEASE LABEL EVERYTHING!

- Sleeping bag/ pillow
- Tent (1-2 person)
- Mess kit
- Water bottle
- Flashlight
- 2 pairs of sneakers or
- 1 pair of sneakers/ 1 pair of hiking boots
- 1 pair of warm socks
- Underwear & socks (for length of trip)
- Bathing suits (2)
- Beach towels (2)
- Water shoes/ sandals with straps (Crocs are ideal & a staff/ camper favorite!)
- Shorts/ t-shirts (for length of trip)
- 2 Dri-fit /wicking t-shirts
- 2 Sweatshirts/ sweatpants
- Raincoat
- Hat w/visor
- Sunglasses
- Swiss army knife (folding type) ONLY on SENIOR trips with staff knowledge

MONEY: campers do not “need” money, but they may wish to bring some for souvenirs, store stops, ice cream, etc.

ITEMS NOT ALLOWED: knives, weapons, slingshots, fireworks, tobacco products of any kind, alcohol and drugs.

Personal Information					
Camper's Name					
Address					
City, State, Zip					
Age	DOB	Height	Weight	Hair Color	Eye Color

Parent Information	
Parent's Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone	
Email	

Parent Information	
Parent's Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone	
Email	

Emergency Contact Information (other than Parents)	
Name:	Phone:
Name:	Phone:

Insurance Information	
Insurance Company & Policy Number	
Subscriber Name and ID	

Physician Information	
Primary Care Physician	
Address	
City, State, Zip	
Phone	
Other Physician's (if necessary)	
Specialty	
Phone	
Other Physician's (if necessary)	
Specialty	
Phone	
General Health (please circle)	Excellent Good Fair
Date of last well check-up	
Date of last Tetanus	

Medical Information		
Diagnosis		
Name of Medication	Dosage	Reason for Taking

Please circle **yes (Y)** or **no (N)** for each of the following:

Eyeglasses Y/N _____ Contacts Y/N _____ Sleep Walking Y/N _____

Asthma Y/N _____ Migraine Y/N _____ Nightmares Y/N _____

Seizures Y/N _____ Enuresis Y/N _____

Allergies Y/N _____

Please list any allergies and the severity of each: _____

Complete the sections below to the best of your ability.
 Answering these questions allows us to best support your child.

Please note any pertinent information related to the physical, medical history or well being of this child. Please include any precautions for medications, any special arrangements or considerations you would like us to know.

capacity on its behalf, I agree to release and discharge Adventurelore on behalf of myself, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge the activity my child will engage in bears known and unanticipated risks that could result in injury, illness, disease, emotional distress, death, and/or damage to third parties. The following describe some, but not all risks of injury and/or damage as a result of hiking, canoeing, kayaking, sailing, tubing, camping, bouldering, rock climbing, fishing, wrestling, trampoline use, ropes course, rappelling, bicycling, swimming, boating, white water rafting, games and activities.

(Note: your child’s participation may not include all of these mentioned activities. In order to insure safety, we reserve the right to alter program formats due to weather and/or other unforeseen circumstances).

2. I agree to accept all risks existing in our activities. My child’s participation is purely voluntary, not forced.

3. I agree to hold harmless, release, forever discharge and indemnify Adventurelore from any and all claims, demands, liability and/or actions that may occur with my child’s participation in activities including those allegedly attributed to the negligent acts or omissions of Adventurelore.

4. Should Adventurelore or anyone acting on its behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

5. I certify my child has health, accident and liability insurance to cover any bodily injury or property damage caused while participating in your program. I agree to bear the costs of such damage or injury.

6. I fully understand and acknowledge this agreement includes but is not limited to any bodily injury or property damage sustained on or in connections with the use of any premises, property or real estate owned in whole or in part by Adventurelore.

7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child’s participation in this program, I will have no right to make a claim or file a lawsuit against Adventurelore, its agents, owners, officers, employees, subcontracted members, or any other person or entity acting in any capacity on its behalf even if they negligently cause such injury or damage.

Parent Signature	Printed Name	Date

Name of Camper	DOB

Consent to Treat and Informed Consent Release

I hereby give my permission for Adventurelore, LLC staff to provide any needed medical treatment for my son/daughter while he/she is attending camp. I specifically, give my permission for necessary care to be given to _____ (name of camper) by other medical treatment providers, including but not limited to, emergency services. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this camp a risk. I hereby acknowledge that participation in this camp and related activities is at the sole discretion and judgement of the parent or guardian and involves

an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Adventurelore LLC, and its employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any camp activity except where the injury or damage is caused by the gross negligence of the employees.

Parent Signature	Printed Name	Date

Photographic Release Form

I, the parent or legal guardian of a child participating in an Adventurelore, LLC camp program hereby authorize Adventurelore, LLC and those acting pursuant to its authority to: (a) Photograph or video my child; (b) Use, reproduce, exhibit or distribute in any form (e.g. brochures, videos, and website or any other form now or hereafter developed) these recordings for advertising purposes.

Parent Signature	Printed Name	Date

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICINES

Camper name: _____ Trip: _____

Adventurelore LLC staff has my permission to administer Tylenol, Benadryl, and/or Ibuprofen and their generic equivalents if deemed helpful or necessary for my child during participation in our programs.

Parent Signature

Printed Name

Date

All campers must have had a physical exam in the last 12 months and have been deemed fit for participation in all activities.

Parent Signature

Printed Name

Date

Payment Schedule

Payment for summer camp tuition is due in three separate payments. In order to hold your child's spot on our summer camp roster, there is a \$500.00 deposit. The remaining first half of camp tuition is due by April 1st. Final camp payments are due by June 15th. Payments may be made with a check made out to Adventurelore LLC. All payments made with a credit card will be charged a 2.4% processing fee. If you cancel your child's enrollment in summer camp before June 1st, you will receive a full refund of payment. If their enrollment is cancelled after June 1st, you will be refunded all payment except your \$500 deposit. If we are able to fill your child's spot on the trip, you will receive a full refund. If you cancel your child's reservation within 7 days of their summer camp trip's departure, there will be NO refunds.

ADVENTURELORE, LLC
197 Long Pond Road, Danville NH 03819
Phone: 603-382-4661 – Fax: 603-382-0571

Parent Signature

Printed Name

Date

Camper Name

Camper DOB