



# 2024 Roosevelt Adventure Camp Registration Forms

## (Information Sheet)

We are so excited for another summer outside exploring all of the beautiful trails, lakes, parks, streams, and forests of our amazing community! Come join us outside for a day, a week, or a season, to learn, grow, be challenged, get moving, and have fun!

**What?** Bike Rides, Trail Walks, Kayak Explorations, Outdoor Skill Development, Leadership Skills, Creative Arts, Community Education, Teambuilding Challenges, and Traditional Camp Games led by experienced counselors from your community

**When?** Available 7 weeks: July 1<sup>st</sup> -August 16<sup>th</sup>, Monday- Friday 9AM-1PM  
Flexible Hours and Weekly Commitments Available

**Who?** Day Camp- Campers entering 1<sup>st</sup>-7<sup>th</sup> grade

**Where?** Rotating Locations around greater Roosevelt and the Assunpink Wildlife Management Area

**How does the registration/payment work?** Please register your camper(s) with a **\$100 deposit/camper** (to be taken off total dues) to reserve their spot and schedule the dates using the Registration Sheet as soon as you know what your family is interested in. We ask that you try to pay **50%** of your remaining dues no later than **June 17<sup>th</sup>** (2 weeks before our first session) and the final **50%** by **July 12<sup>th</sup>**.

As always, we try to be as flexible as possible and will always be able to adjust your campers' dates or your family's payment schedule upon request with open communication. We will work with you in the event of any camper cancellations to reschedule your day, however if your family chooses not to reschedule there will be a \$10 cancellation fee. (We are hoping to minimize camper cancellations as they affect our staffing/planning.) Program cancellations (while rare but possible due to weather) will be completely refunded.

**What will the lessons and activities be like?** Pulling from our combination of active social-emotional and teambuilding activities, wilderness education, and summer camp experiences, we will be customizing each adventure experience to best fit your camper and your camper's group's personal interests and passions. Your camper will be outside, moving around, collaborating, competing, creating, learning, and being challenged!

**Will my camper(s) be in a group? What will that group look like?** We will be able to have group sizes as we see fit. On most days, we will have some activities as a full camp, some activities in groups separated by age ranges, and some activities that your camper can choose from during our "electives" period. If your camper has a specific friend or friends, you would like them to be grouped with (specifically if they are in a different age range), just let us know and that can be planned.

**What is the cost?** Suggested pricing will be determined on a sliding scale with the days/week table listed below.

**Standard family discounts include 15% off for a second camper and 30% any additional camper(s).**

**DISCOUNT AND SCHOLARSHIP OPPORTUNITIES AVAILABLE! NO CAMPER/FAMILY WILL EVER BE TURNED AWAY!** If interested, just note that in your registration and we will give you a variety of options for your family to choose from.

### Roosevelt Adventure Day Camp Suggested Cost Scale

<b>Days/wk</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Suggested Cost (\$) p/Wk</b>	70	120	150	180	200

For more details, information, or inquiries visit [Rooseveltadventures.com](http://Rooseveltadventures.com) or contact via [Gus@rooseveltadventures.com](mailto:Gus@rooseveltadventures.com) or (609)-462-3041

**This is a program run by Roosevelt Adventures and is not affiliated with the Roosevelt Borough**



## 2024 Roosevelt Adventure Camp Registration Form

Camper(s) Name: \_\_\_\_\_ Camper(s) Grade (going into): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Guardian Phone Number(s): \_\_\_\_\_

Parent Guardian Email(s): \_\_\_\_\_

Camper Comfortable on a Bike? Yes No Would be interested in borrowing a bike? Yes No

Do we have your permission to take pictures of your camper for our family album? Yes No

Do we have your permission to use pictures of your camper on our flyers and/or website? Yes No

Any preferences regarding other camper(s) who you would like to be grouped with? \_\_\_\_\_

<b>Days/wk</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Suggested Cost (\$) p/Wk</b>	<b>70</b>	<b>120</b>	<b>150</b>	<b>180</b>	<b>200</b>

If calculating more than 1 camper, please use their first initial to designate which days they will be attending. Upon sending in registration with your \$100 deposit, you will receive a family invoice, which will be due in 2 payments, 6/17 and 7/12. Alternative payment schedules and scholarships are available upon request.

Please make payments by cash, check (to Gus Vuolle), or Venmo (@GusVuolle). Forms/Payments can be mailed to PO Box 300. Roosevelt, NJ, 08555 or emailed to [gus@rooseveltadventures.com](mailto:gus@rooseveltadventures.com).

Week 1 (July 1 <sup>st</sup> - July 5 <sup>th</sup> )	Mon (7/1)	Tue (7/2)	Wed (7/3)	Thu (7/4)	Fri (7/5)	Totals Days?
				NO CAMP		

\* For **Week 1**, cost will be at a discounted 4-day rate due to day off: **1 day = \$60, 2 days = \$100, 3 days = \$135, 4 days = \$160**

Week 2 (July 8 <sup>th</sup> - July 12 <sup>th</sup> )	Mon (7/8)	Tue (7/9)	Wed (7/10)	Thu (7/11)	Fri (7/12)	Totals Days?

Week 3 (July 15 <sup>th</sup> - July 19 <sup>th</sup> )	Mon (7/15)	Tue (7/16)	Wed (7/17)	Thu (7/18)	Fri (7/19)	Totals Days?

Week 4 (July 22 <sup>nd</sup> - July 26 <sup>th</sup> )	Mon (7/22)	Tue (7/23)	Wed (7/24)	Thu (7/25)	Fri (7/26)	Totals Days?

Week 5 (July 29 <sup>th</sup> - Aug 2 <sup>nd</sup> )	Mon (7/29)	Tue (7/30)	Wed (7/31)	Thu (8/1)	Fri (8/2)	Totals Days?

Week 6 (Aug 5 <sup>th</sup> - Aug 9 <sup>th</sup> )	Mon (8/5)	Tue (8/6)	Wed (8/7)	Thu (8/8)	Fri (8/9)	Totals Days?

Week 7 (Aug 12 <sup>th</sup> - Aug 16 <sup>th</sup> )	Mon (8/12)	Tue (8/13)	Wed (8/14)	Thu (8/15)	Fri (8/16)	Totals Days?

Dues Table (For Your own organizing)

Week	Week 1*	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Total Cost
Days/Week								
Weekly Due Camper 1	*							
Weekly Camper 2 (15% off)	*							
Weekly Camper 3 (30% off)	*							
							Family Total	

Programs through Roosevelt Adventures Permission Forms- Acknowledgement of Risk- Waiver and Release of All Claims

I certify that my child's current physical condition is satisfactory for participating in programs through Roosevelt Adventures LLC. I recognize and acknowledge that there are certain risks of physical injury in and recreational programs, outdoor skill development, and local bike rides and I hereby assume full responsibility for any expenses incurred as a result of my child's participation with Roosevelt Adventures LLC and any related programs.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless Roosevelt Adventures LLC, and its committees, officers, agents, employees, and contractors, including but not limited to its officers, agents, employees, and subcontractors from any and all claims from injuries, illness, damage, or loss which may have accrued or which accrue to my child or me on account of my child's participation in programs through Roosevelt Adventures other than injuries, illness, damage, or loss resulting from negligence, or willful misconduct.

Participant Name(s): \_\_\_\_\_

Parent and/or Guardian Name(s): \_\_\_\_\_

Parent and/or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Dismissal

When being dismissed from locations within the town of Roosevelt my child will: (check all that apply)

- Be picked up by parent/guardian       Walk/Ride Bicycle Home

The following people are permitted to pick up my child:

<u>Name</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

Parent and/or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information and Release Form

Medications currently being taken: \_\_\_\_\_

Allergies or Reactions: \_\_\_\_\_

Restricted Activities for Child: \_\_\_\_\_

Other Comments: \_\_\_\_\_

As parents/guardians of (Print Camper Name(s)) \_\_\_\_\_, we hereby consent, in our absence, to any adult in possession of the Consent & Release consenting to authorizing or approving any X-Ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and emergency and hospital care to be rendered to our child under the general and special supervision and on the advice of any license physician, dentist, surgeon, nurse, or paramedical person, and we agree to pay for such treatment. We also agree to indemnify and hold harmless such person who may be in possession of this Consent & Release, Roosevelt Adventures LLC, and its committees, officers, agents, employees, and contractors, including but not limited to its officers, agents, employees, and subcontractors of Roosevelt Adventures LLC and any qualified medical person from any and all claims, demands, suits, judgements, or actions of any kind arising out of our child's participation in the program. Also, we release any and all medical persons, institutions, and organizations from reliance upon the consent authorization of approval of medical treatment for our child made by an adult in possession of this Consent & Release.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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