



2024 Teen Exploration Club Registration Forms (Information Sheet)

Our Teen Exploration Club is for older students and campers interested in taking their outdoor skills and experiences to the next level! Branching off of our camp culture and community, the Exploration Club is for campers looking to expand their adventures, learn advanced outdoor skills, and participate in challenging activities to inspire and develop confidence, social-emotional tools, and personal growth. Using our kayaks, bikes, and legs, we are excited to explore all the corners of our community and the surrounding wilderness with our older crew!

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? 12 Sessions (6 Weeks): July 9th -August 15th, **Tuesdays and Thursdays, 2PM-5PM**

Who? Exploration and Adventure Club- Campers entering 7th to 11th Grade

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

How does the registration/payment work? Please register your teen(s) with a minimum **\$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 25th** (2 weeks before our first session) and the final **50%** by **July 25th**.

As always, we try to be as flexible as possible and will always be able to adjust your teens' dates or your family's payment schedule upon request with open communication. We will work with you in the event of any family 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 family 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 teen and your teens group's personal interests and passions. Your teen will be outside, moving around, collaborating, competing, learning, and being challenged!

Will my teen(s) be in a group? What will that group look like? For the teen club, we will most often move as a full group on our adventures. We challenge our teens to step out of our comfort zones in quite a few ways, 1 of those being socially. We will most likely ask your teen to work with students they are not familiar with, and work as a group with new members to allow us to develop how we deal with others. That being said, if your teen has a specific friend or family member they will be attending with, we will make sure to allow them time working and grouped together as well.

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

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

DISCOUNT AND SCHOLARSHIP OPPORTUNITIES AVAILABLE! NO TEEN/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.

Teen Exploration Club Suggested Cost Scale	Days Scheduled	1	2	3	4	5	6
	Suggested Cost (\$) p/session	70	70	67.50	65	62.50	60
	Days Scheduled	7	8	9	10	11th and 12th Clubs Free	
	Suggested Cost (\$) p/session	57.50	55	52.50	50		

For more details, information, or inquiries visit Rooseveltadventures.com or contact us via

Gus@rooseveltadventures.com and (609)-462-3041

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



2023 Teen Exploration and Adventure Club Registration Form

Participant(s) Name: _____ Participant(s) Grade (going into): _____

Parent/Guardian Name(s): _____

Parent Guardian Phone Number(s): _____

Parent Guardian Email(s): _____

Comfortable on a Bike? Yes No

Interested in borrowing a bike for the summer? Yes No

Comfortable in/around water? 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

Do you have any preferences regarding other teen(s) who you would like to be grouped with?

If calculating more than 1 teen, 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, 6/25 and 7/25. 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.

Days Scheduled	1	2	3	4	5	6
Suggested Cost (\$) p/session	70	70	67.50	65	62.50	60
Seasonal Cost (\$)	70	140	202.50	260	312.50	360
Days Scheduled	7	8	9	10	11	12
Suggested Cost (\$) p/session	57.50	55	52.50	50	***	***
Seasonal Cost (\$)	402.50	440	472.50	500	500	500

Week 1 (July 9 th & July 11 th)	Tue (7/9)	Thu (7/11)

Week 2 (July 16 th & July 18 th)	Tue (7/18)	Thu (7/18)

Week 3 (July 23 rd & July 25 th)	Tue (7/23)	Thu (7/25)

Week 4 (July 30 th & Aug 1 st)	Tue (7/30)	Thu (8/1)

Week 5 (Aug 6 th & Aug 8 th)	Tue (8/6)	Thu (8/8)

Week 6 (Aug 13 th & Aug 15 th)	Tue (8/13)	Thu (8/15)

Dues Table (For Your own organizing)

	Days Scheduled	Seasonal Cost (See table above)
Teen 1		
Teen 2 (15% off)		
Teen 3 (30% off)		
Totals		

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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:** _____

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