



**MERRIMACK PARKS & RECREATION  
116 NATICOOK ROAD  
MERRIMACK, NH 03054**

**Telephone:** 603-882-1046 **Fax:** 603-883-5335  
<https://merrimackparksandrec.org/trek-adventures>



**2019 CAMP TREK INFORMATION**

Camp Trek Teen Adventure Camp is a trip & activity based summer camp program, which is geared towards participants entering grades 6-10. Camp Trek operates as a subset of Naticook Day Camp but offers an alternative to the traditional day camp experience found at Naticook Day Camp.

Each week of the summer will feature a mix of traditional Summer Camp activities along with three weekly field trips exploring destinations across New England. On Mondays & Fridays each week campers will participate in traditional day camp activities including sports, games, team building challenges and other types of activities. On Tuesdays, Wednesdays & Thursdays each week we will head out on our daily field trip adventures. Campers will typically depart Camp around 8:30 am and get back late in the afternoon before Camp ends at 4:00 pm. Week two, the field trip is on Monday, the overnight is from Tuesday to Wednesday, and the program ends on noon on Wednesday for the 4<sup>th</sup> of July holiday. Camp tuition fees include a daily hot lunch on Mondays & Fridays while we are in camp, transportation and admissions fees to all field trip destinations, three Camp T-Shirts, which participants will wear on field trip days. Please note that lunch will not be provided on Field Trip Days and participants must bring a brown bag lunch with them.

Session	Dates	Field Trip Destinations	Fee
Week 1	June 24 – June 28	Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park, Hike Mt. Monadnock, Canobie Lake Park, Vertical Dreams, Theme Day	\$270.00 Merrimack Resident \$320 non resident
Week 2	July 1- July 3	Hampton Beach, Games & Overnight in Wasserman Park Cabins, Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park.*Program ends at NOON on Wednesday*	\$250.00 Merrimack Resident \$300 non resident
Week 3	July 8 – July 12	Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park, Hike Lonesome Lake, Water Country, LOK'ed, Theme Day	\$270.00 Merrimack Resident \$320 non resident
Week 4	July 15 – July 19	Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park, Hampton Beach, Fun Town Splash Town, Roller Kingdom, Theme Day	\$270.00 Merrimack Resident \$320 non resident
Week 5	July 22 – July 26	Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park, Jenness State Beach, Ropes & Zip Line, Gunstock, Mel's Funway, Theme Day	\$270.00 Merrimack Resident \$320 non resident
Week 6	July 29 – August 2	Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park, Hike Mt. Major, Canobie Lake Park, Fun Spot, Theme Day	\$270.00 Merrimack Resident \$320 non resident
Week 7	August 5 – August 9	Paddle Boarding, Canoeing, Swimming, & Games, Wasserman Park, Hampton Beach, Water Country, Key to Escape, Theme Day	\$270.00 Merrimack Resident \$320 non resident

**CAMP HOURS & EXTENDED CARE OPTIONS**

Camp Trek runs Mondays to Fridays from 8:00 am to 4:00 pm. Campers also have the option of registering for the Morning Extended Day Program or the Afternoon Extended Day Program or both for an additional fee.

**EXTENDED DAY INFORMATION**

Morning Only	7:00 am – 8:00 am	\$20.00 per child per week
Afternoon Only	4:00 am – 5:30 pm	\$30.00 per child per week
Both Morning & Afternoon		\$50.00 per child per week

**\*Week 2:** AM Extended Day is \$16/Camper. PM Extended Day is \$24/Camper and both AM & PM is \$40/Camper.

**REGISTRATION INFORMATION**

A \$25.00 non-refundable deposit per week per child is required to reserve your space. Final payments are due no later than two weeks prior to the session that you are registering for. Checks should be made payable to the **Town of Merrimack**. If you wish to register online and pay with a credit card, visit our website at [www.merrimackparksandrec.org](http://www.merrimackparksandrec.org). To register by mail, please complete and return the camper registration form, health history form, and consent for medical treatment. In addition, all registered Campers will need to submit a copy of their record of immunizations and a record of a physical from within the past twenty-four (24) months. **COMPLETED FORMS WITH DEPOSITS SHOULD BE SENT TO:**

Merrimack Parks & Recreation, 116 Naticook Road, Merrimack, NH 03054



**MERRIMACK PARKS & RECREATION  
CAMP TREK  
CAMPER REGISTRATION FORM**



Child's Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Email Address: \_\_\_\_\_

Child's First Name: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age (as of 6/24/19): \_\_\_\_ Grade Entering in Sept: \_\_\_\_  
 Gender: \_\_M\_\_ \_\_F\_\_ Current School: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Address (if different than above)  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Work Telephone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Address (if different than above)  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Work Telephone #: \_\_\_\_\_

**In the event of an emergency who is the best person to reach?** \_\_\_\_\_

<u>CAMP SESSIONS</u>	<u>SESSION SELECTION</u>
Week 1: June 24 – June 28	
Week 2: July 1 – July 3*	
Week 3: July 8 – July 12	
Week 4: July 15 – July 19	
Week 5: July 22 – July 26	
Week 6: July 29 – August 2	
Week 7: August 5 – August 11	

<u>EXTENDED DAY OPTION</u> (please check if applicable)			
Week 1:*	__AM ONLY	__PM ONLY	__BOTH
Week 2:*	__AM ONLY	__PM ONLY	__BOTH
Week 3:	__AM ONLY	__PM ONLY	__BOTH
Week 4:	__AM ONLY	__PM ONLY	__BOTH
Week 5:	__AM ONLY	__PM ONLY	__BOTH
Week 6:	__AM ONLY	__PM ONLY	__BOTH
Week 7:	__AM ONLY	__PM ONLY	__BOTH

\*Week 2 has a reduced rate since there is no camp July 4<sup>th</sup> or 5<sup>th</sup>

**PLEASE CAREFULLY READ THIS RELEASE OF LIABILITY:**

In consideration for my child's participation in the Camp Trek program, sponsored by the Town of Merrimack, Parks and Recreation Department, I hereby release, waive, discharge and covenant not to sue the Town of Merrimack, its officials, employees, agents and representatives (hereinafter "Releasees") from all liability to the undersigned, and his/her representatives, heirs, and successors in interest (hereinafter "undersigned") for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is participating in a program sponsored by the Town of Merrimack. I Hereby agree to indemnify and save and hold harmless the Releasees from any loss, injury, liability, damage or cost they may incur due to the presence of the undersigned in or about, or the undersigned's use of, as a result of I/my child's participation in the Town of Merrimack, Parks & Recreation Department Programs whether caused by the negligence of the Releasees or otherwise. I hereby assumes full responsibility for and risk of bodily injury or property damage, including but not limited to death, paralysis, brain injury, heart attack, stroke, aneurysm, broken bones, torn tendons or ligaments, torn muscles, spinal injury, damage to organs, disease, infection and any other physical or emotional injury, medical or psychiatric condition or complication of any kind whatsoever, due to any cause, including the negligence of Releasees or otherwise, while participating in the Town of Merrimack Parks & Recreation Department programs. I understand that by agreeing to this release of liability, I am waiving legal rights and/or remedies which may be available to me.

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

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



**MERRIMACK PARKS & RECREATION  
CAMP TREK  
HEALTH HISTORY & MEDICAL AUTHORIZATION FORM**



Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

**Health & Medications:** The following information is required so that we are fully aware of any health concerns or limitations pertaining to your child. Per NH State Law, in addition to this form, all Campers must submit a record of immunizations and a record of a physical from within the past 24 months in order to attend Camp.

Check Health Status	No	Yes
Allergies (environmental, food or medication)		
Asthma		
Diabetes		
Dietary Restrictions		
Epi Pen		
Inhaler		

Check Health Status	No	Yes
Seizure Disorder		
Heart Condition		
Sensory Disorder		
Fears / Phobias		
Prescription medication for other medical conditions?		

If you checked "YES" in any of the boxes above, please list any details related to that response in the space below.

\_\_\_\_\_

\_\_\_\_\_

Are there any activities that your child should not participate in? \_\_\_\_\_

**Over the Counter Medication Release: (Please *initial* each approved Over-The-Counter medication)**

I authorize the Camp Medical Staff to provide the following over the counter medications if deemed necessary. Parents will be notified of any medication that is administered to their child. \_\_\_ Acetaminophen \_\_\_ Benadryl \_\_\_ Ibuprofen

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, we will always contact the parents/guardian first. However, if we are unable to reach you, please list the full names of all persons authorized by you to **pick up your child** from Naticook Day Camp.

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
1. _____			
2. _____			
3. _____			
4. _____			

\*\*\* **NO** Camper will be released to anyone other than the individuals listed above. This form may be amended by Custodial Parent(s)/Legal Guardian(s) in person at the Day Camp Office as needed. **ALL** persons releasing campers **MUST** show a proper photo ID and sign the camper out with administrative staff at the Camp Office.

**PERMISSION TO TREAT**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for staff of the Parks and Recreation Department to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the staff of the Parks and Recreation Department to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, and that Parks and Recreation staff will contact me as soon as possible in the event such treatment is necessary, but is given to provide authority and power on the part of the staff of the Parks and Recreation Department in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. I, the Minor's parent or legal guardian have read this form and understand its terms and I execute it voluntarily and with full knowledge of its significance.

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

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