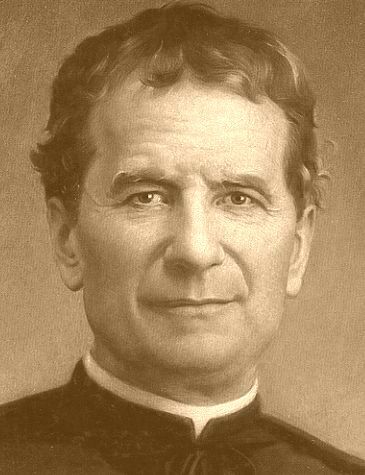
Don Bosco Boys Camp

*Held at Christ the King Parish, Concord, NH   
Sponsored by Holy Family Academy*

*July 21– August 1, 2025*



*“To make the young delight in God”*

*Don Bosco*

Camper regiStration Packet

**Don Bosco Boys Camp**

***“To make the young delight in God”***

A person standing in front of a painting of a group of people

Description automatically generated with medium confidence

***Since 1997***

**July 21, 2025 – August 1, 2025**

**Sponsored by Holy Family Academy  
*Located at Christ the King Parish in Concord, NH***

The Don Bosco Boys Camp offers a fun, faith-filled environment for boys ages 6 to 14   
to form healthy friendships, develop character, and grow closer to Christ!

Imagine summer days filled with . . .

|  |  |  |
| --- | --- | --- |
| *Capture the Flag* | *Outpost* | *Gauntlet* |
| Arm Wrestling | Brain Teasers & Riddles | Game Room |
| Stories about the Saints | Wrestling Matches | Mass on Wednesday |
| Building Towers | WW II Calisthenics | Daily Angelus |
| *Gatorball* | Morning Visit with Jesus | Magic Tricks |
| Decade of the Rosary | *Dodgeball* | Tug-O-War |
| *Spartan Race* | *Building Race Cars* | Chariot Race |

* Don Bosco Camp is the only Catholic all boy’s day-camp in the State. Enrolling boys ages 6 to 14, we meet at Christ the King Parish in Concord, Monday through Friday from 9-4 PM.
* Boys who are 13 and 14 are eligible to be Counselors in Training (CITs); 15-year-olds may volunteer to be CITs.
* The cost to attend Don Bosco Boys Camp is $200 per week; this is non-refundable.
* Scholarships & family rates are readily available! Make checks payable to ***Holy Family Academy***.

Space is limited. Register your child at [**www.DonBoscoBoysCamp.org**](http://www.DonBoscoBoysCamp.org)

We are glad to answer questions about this one-of-a-kind camp, contact our Camp Director,   
Mark Gillis at (603) 545-5912.

***Registration Deadline June 15, 2024***

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**Camp Philosophy of the DBBC**

Thank you for your interest in the Don Bosco Boys Camp! The purpose of the Don Bosco Boys Camp is, in the words of our patron saint, “to make the young delight in God.” This Catholic day-Camp provides a fun, faith-filled environment so young boys can form healthy friendships, imitate male role models, and grow in love for Christ.

In the spirit of our patron, St. John Bosco, the leaders of the Camp maintain safety and order through the “preventive method of discipline,” briefly explained here:

He won the confidence of boys just by being with them. They knew he was truly interested in them, because he showed them affection. He spent time with them, played with them, asked them about their lives, and listened to what they had to say. For example, in the evening when Don Bosco finally took his supper, boys would crowd around him. Between bites of food he would talk and joke with them, and they basked in the warmth of his fatherly presence until he sent them off to bed. (Bert Ghezzi)

Therefore, the Camp staffers strive to cultivate a bond of friendship with the boys, to clearly inform them

what is expected of them, and to “give advice and correction in a kindly way.” Through the campers’ experience of friendship, camaraderie, and pure fun in a Christ-centered camp, we hope that they will come to a greater conviction of God’s goodness.

DBBC Camper REGISTRATIon form Ages 6-14

*13-14 Year Old Campers are officially campers and must fill*

*out this FOrm but they can function as C.I.T.s If they wish*

Boy’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_ Age at Camp \_\_\_\_\_

If 13-14 years old, does he want to be a Counselor in Training (C.I.T.) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Camper lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel #s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

During which dates will the boy attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the names of anyone you authorize to transport your child:

1. 2.

3. 4.

*I hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. I understand that any payment is non-refundable. The applicant has my approval to participate in all regular Camp activities and his name or picture may appear in Camp publications. If I have concerns about use of pictures of your child I will inform the Director.*

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s (guardian’s) signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to Holy Family Academy and submit with application to the following address:

Don Bosco Boys Camp

c/o Holy Family Academy

281 Cartier St.

Manchester, NH 03102

**DON BOSCO BOYS CAMP HEALTH HISTORY & EXAMINATIONS FORM**

# In place of this form….

# *parents may provide a standard medical history & physical form from their health care provider. Physicals are good for two years!*

This form is not part of the Camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form, except for the “Health Recommendations of Licensed Medical Personnel,” is to be filled in by parents/guardians of minors or by adults themselves.

.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_ \_\_

*Las First Middle*

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Street address City State Zip*

Custodial parent/guardian Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_



Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from above) *Street address City State Zip*

Business address Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street address City State Zip*

Second parent or guardian or emergency contact

Address Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street address City State Zip*

Business address Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street address City State Zip*

If not available in an emergency, notify: Name\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address City State Zip*

**Insurance Information – Please attach copy of insurance card.**

Is the participant covered by the family medical / hospital insurance? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_

If so indicate the carrier name or plan name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of insured Relationship to participant

**Health History**

*Every Camper must complete a physical examination within two years of the Camp’s opening date.* The following information must be filled in by the parent/guardian, or adult Camper or staff member. The intent of this information is to provide Camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Camp. Provide complete information so that the Camp can be aware of your needs.

**ALLERGIES** List all known. Describe reaction and management of the reaction.

**Medication allergies** (list)

**Food allergies** (list)

**Other allergies** (list) — include insect stings, hay fever, asthma, animal dander, etc.

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at Camp. Keep it in an original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\_\_\_\_\_\_\_\_\_\_ This boy takes NO medications on routine basis

\_\_\_\_\_\_\_\_\_\_ This boy DOES takes medications as follows:

Med #1 Dosage Specific times taken each day

Reason for taking

Med #2 Dosage Specific times taken each day

Reason for taking

Med #3 Dosage Specific times taken each day

Reason for taking

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

**Explain any restrictions to activity** (e.g. what cannot be done, what adaptations or limitations are necessary)

**Health Care Recommendations by Licensed Medical Personnel**

I have examined the above Camp participant. Date of last examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BP Weight Height \_\_\_\_\_\_\_\_

In my opinion, the above applicant \_\_\_\_ is / \_\_\_\_ is not able to participate in an active Camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

**Recommendations and Restrictions at Camp**

Treatment to be continued at Camp:

Medications to be administered at Camp (name, dosage, frequency):

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on Camp activities:

Additional information for health care staff at the Camp:

**Signature of Licensed Medical Personnel**

Printed Title \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Questions** (Explain “yes” answers below.)

Has/does the participant:

**Yes No**

1. Had any recent injury, illness or infectious

disease?

2. Have chronic or recurring illness/condition?

3. Ever been hospitalized?

4. Ever had surgery?

5. Have frequent headaches?

6. Ever had head injury?

7. Ever been knocked unconscious?

8. Wear eye glasses, contacts, or protective?

9. Ever passed out during or after exercise?

10.Ever been dizzy during or after exercise?

11.Ever had seizures?

12.Ever had chest pain during or after exercise?

13.Ever had high blood pressure?

**Yes No**

14.Ever been diagnosed with heart murmur?

15.Ever had back problems?

16.Ever had problems with joints

(e.g., knees, ankles)?

17.Have an orthodontic appliance being

brought to Camp?

18.Have any skin problems (e.g., itching,

rash, acne)?

19.Have diabetes?

20.Have asthma? 21.Had mononucleosis in the past 12 months?

**Please explain any “yes” answers, noting the number of the questions.**

Which of the following? Please give all dates of immunization for:

has the participant had? Vaccine: Dates:Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

Measles DTP

Chicken pox TD (tetanus/diptheria)

German measles Tetanus

Mumps Polio

Hepatitis MMR

or Measles

TB Mantoux Test or Mumps

Date of last test or Rubella

Result: \_\_\_ Positive \_\_\_ Negative Haemophilus influenza B

Hepatitis B

Varicella (chicken pox)

BCG

**Use this space to provide any additional information about the participant’s behavior**

**and physical, emotional, or mental health about which the Camp should be aware.**

Name of family physician Phone \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family dentist/orthodontist Phone \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage all Camp activities except as noted.

Signed Printed Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental/Guardian Consent and Waiver/Release**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, the undersigned, being a parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby give my consent and permission for him to be transported to and from Don Bosco Boys’ Camp and to participate in all activities. In consideration of the benefits to be derived from this activity, I hereby voluntarily for myself and anyone entitled to act on my behalf, waive, release, and forever discharge any claim or claims against Don Bosco Camp, Holy Family Academy its staff and leadership in both their official and personal capacities, and any of its or their agents, assigns, representatives, successors, or anyone acting on its or their behalf, for any and all claims, demands or liabilities of whatever nature including but not limited to injury, death, or damage, whether in property or nature, which may arise in connection with said activities or any phase or parts thereof. This waiver/release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and includes liability that may arise out of negligence or carelessness on the part of persons named in this waiver/release. In the event of an emergency involving my child, where medical treatment is required, in the event I cannot be reached, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered by a licensed physician. I understand that in the event of any such emergency, the Camp will attempt to notify me immediately based upon the contact information provided above. This completed form may be photocopied for trips out of Camp. I hereby certify that I have read this Consent, and Waiver/Release, fully understand it, and voluntarily execute the same on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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

I understand and agree to abide by any restrictions placed on my Camp activities, per the health examination report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of minor or adult Camper/staffer Date

**Authorization For Child to Keep and Self-Administer Medication**

**Per NH RSA 485-A:25-b & f.**

*Child's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of the order\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Route and dosage of medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Frequency and time of medication administration or assistance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Diagnosis and any other medical conditions requiring medications, if not a violation of confidentiality*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Specific recommendations for administration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Side effects, contraindications, and adverse reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Any severe adverse reactions that may occur should another child receive a dose of the medication*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
As the licensed physician for the above named child, I hereby confirm that the child has the knowledge and skills to safely possess and use the above stated medication at Camp:*

*Printed name & signature of licensed prescriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Business and emergency numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed parent’s name & Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Don Bosco Boys Camp Code of Conduct**

1. I will respect my fellow Campers and their personal belongings by not:  picking on or making fun of others, instigating verbal or physical fights, going into and/or stealing other Camper’s belongings.
2. I will respect the counselors and staff by listening to and following their instructions.
3. I will respect the Camps by not stealing or causing damage to Camp property.
4. I will respect myself and others by not using inappropriate language, nor will I bring to Camp any weapons, drugs/alcohol (aerosol cans), tobacco or inappropriate/explicit material (images, music, etc.)
5. I will respect the privacy of all in Camp by not posting any pictures taken at Camp on the internet.

I understand that if I am in violation of these rules, my parents may be notified and I may be sent home, and the Don Bosco Camp reserves the right to search my personal belongings if there are safety concerns.  
 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Camper Signature / Date Parent Signature /Date

**Practical Information**

**LOCATION**

* Christ the King Parish, Concord “PAC” (Parish Activity Center”) is our meeting place in the morning. We convene at the St. John’s PAC in the morning But ***Rollins Park***, Concord, is the Pick-Up place.

**MORNING DROPOFF**

* Christ the King Parish, 72 S. Main Street Concord, NH, in the Pope John Paul II “PAC” building to the right of the church if you face it from the street.
* ***8:50 is the earliest arrival time***. Boys must sign in at the front desk.
* We are responsible for boys only after they have signed in!
* Each boy will be assigned to a Tribe on their first day at the DBBC.

**AFTERNOON PICK UP**

* Pick-Up 4:00 PM, **Rollins Park, Broadway.** PLEASE BE PUNCTUAL!
* Boys must sign out with the Counselor in charge of their “Tribe”;
* Each child will be released only to his parent, legal guardian, and those authorized by such on the Camp Registration form.)

**WHAT TO BRING**

* Backpack including supplies for an outdoor day at the park—no video games…or pets.
* Lunch, two snacks, and plenty of cold drinks (no glass containers!)
* Sunscreen, rain jacket—we avoid thunderstorms, but we do play in a drizzle or light rain!
* Sneakers and socks—no flip flops or clogs.
* Medication must be entrusted to the Director unless signed documentation is provided from the parent and physician.

**EMERGENCIES**

Please include your cell phone # on your registration form. In case of emergency during the day, please try the following phone numbers in the order given:

1. Director, Mark Gillis: 603-545-5912
2. Office Manager at Holy Family Academy, Stacey Weigler: 603-494-1292
3. Assistant Director, Zac Harned, 540-292-9870

**HEALTH FORM**

Please mail your health forms to Camp by the registration deadline. Please provide a copy of the front and back of your insurance card. There must be written orders from the doctor in order to dispense over the counter medications.

**EPI PENS AND INHALERS**

NH State Law requires that the camps have written permission from the Camper’s physician to keep his epi-pen or inhaler in his possession.

**LOST & FOUND**:

We will establish a lost & found table at the “PAC.” Over the years I have amassed a wonderful collection of water bottles and unmarked lunchboxes containing half-eaten peanut butter sandwiches: We don’t need more!