

LITTLE WARRIORS REGISTRATION FORM 2025

HALF DAY CAMP

Ages 4-6 / Age 5 By September 2025
Must Be 100% Toilet Trained



HH FRONT DESK ONLY

Date: _____

Time: _____ am/pm

Initials: _____

Hampshire Hills Member Non-Member

Camper's Name _____ Age _____ Sex: M F

Date of Birth _____ Grade Entering Fall 2025 _____

Home Address _____

Town _____ State _____ Zip _____

Phone Number _____

Parent/Guardian Name _____ Best Phone _____

Parent /Guardian Name _____ Best Phone _____

Parent Email _____

Emergency Contact Person _____ Best Phone _____
(Not Guardian)

2024 Camper? Yes _____ No _____ T shirt size: (Circle One) Youth : XS S M L Adult : S M L XL

Would you like a 2025 Camp Ponemah Welcome bag? Includes a water bottle, sunglasses, limited edition T shirt and a dry bag.

Only \$49! Yes _____ No _____

Does your child have special needs? (explain) _____

Does child require an aid or special assistance during the school day? _____

Allergies/Medical problems we should be aware of: _____

Child's swimming ability _____

Alternate Pickup Person _____ Best Phone _____

Check Sessions

[] Week 2 6/23-27

[] Week 3 6/30-7/3

[] Week 4 7/7-11

[] Week 5 7/14-18

[] Week 6 7/21-25

[] Week 7 7/28-8/1

[] Week 8 8/4-8

Check Days Attending

[] Mon [] Tue [] Wed [] Thu [] Fri

Lauren Desmarais, Director
lauren@hampshirehills.com
603.673.7123, x272

**\$100/week deposit
required with registration.
ALL payments
are non-refundable
and non-transferable.
\$100 deposits go towards
the weekly cost of camp.
FULL BALANCE FOR ALL WEEKS
DUE MAY 15, 2025**

LITTLE WARRIORS 2025

Enrollment Agreement/General Permission Slip/Waiver

We/I have enclosed a \$100 per week nonrefundable/nontransferable deposit that will be credited toward each week my child is registered for. We/I agree to pay all fees on or before May 15, 2025. We/I understand there is a \$35.00 fee for checks returned by the bank. *Initial:* _____

We/I understand to participate at Camp Ponemah, our child MUST be 100% toilet trained. If repeated mishaps occur, we will be asked to withdraw our child from camp. No refunds will be given. *Initial:* _____

Children's safety is paramount; therefore, anyone with special physical or sensory needs may be enrolled only after consultation with the Camp Director. We/I understand it is our responsibility to bring any special concerns about our child to the Director's attention at the time of registration. *Initial:* _____

Dismissals: We/I understand the Director reserves the right to withdraw any camper when in his/her judgment the camper's needs or behavior interferes with the rights and safety of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct. In such cases, no refunds will be given. *Initial:* _____

When/if discipline issues arise; steps are taken to remove campers from groups and to inform parents of subsequent actions and plans. *Initial:* _____

Withdrawal/Refund Policy: We/I understand that once Camp Ponemah accepts our registration, no refunds, credits or transfers will be made for withdrawal, dismissal, illness, quarantine, failure to attend or incomplete attendance. *Initial:* _____

We/I give my child permission to participate in the Camp Ponemah Summer Camp program at Hampshire Hills Athletic club in Milford NH. In the event that none of the named emergency contact persons, parent or guardian can be reached, I hereby give permission to the staff of Hampshire Hills to administer whatever care he/she deems necessary for the safety and well being of my child. *Initial:* _____

We/I give my child permission to participate in all activities at Camp Ponemah including Field Trips and Inflatable Days to various locations. A list of dates and field trip locations will be posted on our website April 2025. Please note: field trip schedule is subject to change. Transportation is provided via school bus or passenger van, with a NH licensed and insured driver. *Initial:* _____

We/I understand that we are responsible for all the weeks we registered for and that we/I are responsible for the full balance due on or before May 15, 2025 based on our original registration form. *Initial:* _____

We/I understand that there is a late fee of \$35/week if balance is not paid on or by May 15, 2025. *Initial:* _____

We/I understand that I will be charged for any late pick up via my card on file, as determined in the parent packet at \$3/minute. *Initial:* _____

We/I understand that our camper's health form/immunizations are due with final payment. *Initial:* _____

We/I authorize Camp Ponemah permission for our child's photo to appear in Camp brochures, videos, public and private advertising or any other promotional literature. *Initial:* _____

Waiver and Release of Liability (Important ~ Read before signing)

In consideration of being allowed to participate at the Facility known as the Hampshire Hills Athletic Club and Hampshire Dome, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity.

For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers arising out of my use of the Facility.
2. To release the Licensors Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers in the operation, supervision, design or maintenance of the Facility.

Signature Parent/Guardian: _____

Date: _____

LITTLE WARRIORS 2025

Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

MUST LIST TWO

Primary Emergency Contact (Not Guardian)	Secondary Emergency Contact (Not Guardian)
()	()
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I release Hampshire Hills & The Hampshire Dome and individuals from liability in case of accident during activities related to Camp Ponemah.

Parent's/Guardian's Signature _____ Date _____