



2012 Camp Takodah Registration Card

Cheshire YMCA, 32 Lake Street, North Swanzey, NH 03431 • (603)352-0447

Camper 1		Camper 2	
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth / /		Date of Birth / /	
Grade Completed prior to camp	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Completed prior to camp	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Takodah? <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Camp Fair <input type="checkbox"/> ACA <input type="checkbox"/> Other: _____		How did you hear about Takodah? <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Camp Fair <input type="checkbox"/> ACA <input type="checkbox"/> Other: _____	
Shirt Size <i>Child:</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <i>Adult:</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		Shirt Size <i>Child:</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <i>Adult:</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
Session <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Mini Camp <input type="checkbox"/> Adventure Camp <input type="checkbox"/> Other _____		Session <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Mini Camp <input type="checkbox"/> Adventure Camp <input type="checkbox"/> Other _____	

Contact Information	
Address	City, State, Zip
Email	Home Phone () ()

Parent/ Guardian 1		Parent/Guardian 2	
Name/Relationship			
Employer	Best Way to Contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Employer	Best Way to Contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Cell Phone () ()	Work Phone (for emergencies) () ()	Cell Phone () ()	Work Phone (for emergencies) () ()
Does camper(s) reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Restrictions Regarding Contact? (attach details) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does camper(s) reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Restrictions Regarding Contact? (attach details) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Takodah Alum? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Yrs	Maiden Name (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Yrs	Are you a Takodah Alum? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Yrs	Maiden Name (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Yrs

Party responsible for payment: _____

FOR REGISTRATION TO BE PROCESSED, THIS CARD MUST BE FILLED OUT COMPLETELY, SIGNED, AND ACCOMPANIED BY A NON-REFUNDABLE \$125 REGISTRATION DEPOSIT.

Please turn over and sign.

Takodah's goal is to provide a complete camping experience for every camper (see brochure.) To aid us in accomplishing this goal, we ask that parents/guardians inform us of any disabilities or impairments their child/ren may have to ensure that accommodations are available.

The enrolling parents ensure full cooperation with the camp director toward positive resolution of any problem. In some cases, this may result in the camper's returning home. **THERE IS NO REFUND FOR ANY CAMPER WHO DOES NOT REMAIN FOR THE DURATION OF HIS OR HER TERM. THERE IS NO REFUND FOR ANY CAMPER WHO DOES NOT REMAIN FOR THE DURATION OF HIS OR HER TERM.** We do not make financial adjustments for delayed arrivals or early departures.

I give permission to the camp director to take my child/ren out of camp for activities under the leadership of camp personnel. I authorize the the Cheshire YMCA to use photos, video or likenesses of my child/ren taken in the YMCA's camping program for business and promotional purposes. I understand that my child/ren's name will appear on a camper address list.

HEALTH AND ACCIDENT DISCLAIMER FOR PARENT/GUARDIAN ATTENTION: The Cheshire YMCA does not carry any form of accident/illness or dismemberment insurance on any camper. It is the YMCA's position that each camper's, health, medical care, and medications are the responsibility of the respective parents. For all medical care, parents will be invoiced directly or cost will be added to the camper's store account.

I have read and understand the above paragraphs and the camp brochure.

Parent/Guardian Signature

Date

I am looking forward to my camping experience and will do my best to be a positive part of the camp community.

Camper Signature

Date

Non-refundable Deposit(s) Enclosed \$125.00 per camper or pay in full		Payment Method	
Camper 1	\$	<input type="checkbox"/> Check	<input type="checkbox"/> C/C please change account below
Camper 2	\$	<input type="checkbox"/> Mastercard	Card Number _____
Yes! I'd like to make an additional contribution to Takodah to help with scholarships and facility improvements.	\$	<input type="checkbox"/> Visa	Expiration Date _____
		Signature _____	
We ask that families using Credit Card payments not paying in full authorize the automatic payment option below			
AUTOMATIC DEDUCTIONS For MCA/ISA card users only			
<input type="checkbox"/> Yes! I authorize the Cheshire YMCA to automatically charge the above card for additional payments on April 15 and June 1. <i>(Please be sure your card's expiration date is after June 1 of this year)</i>			
Total	\$	Initial: _____	