

# Camp Tahattawan — 2010 — Registration Form

## CAMPER INFORMATION

## PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ GRADE IN FALL '10 \_\_\_\_\_ M / F

ADDRESS: \_\_\_\_\_

MEDICATIONS\* Y / N FOOD ALLERGIES\* Y / N

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*\*All allergies/medications must be noted on the allergy action form*

HOME: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

WORK: ( ) \_\_\_\_\_ PARENT D.O.B. \_\_\_/\_\_\_/\_\_\_

Home:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_

HOUSEHOLD EMAIL ADDRESS: \_\_\_\_\_

Cell:( ) \_\_\_\_\_

**One Complimentary T-Shirt (Circle Size) Youth: S (6-8) M (10-12) L (14-16) Adult: S M L XL**

**\*T-shirts are required for Friday field trip days\***

CAMP WEEKS Check all boxes that you wish to register for	CAMP ONLY <b>\$175</b> (8:30 - 3:30)	MORN CARE <b>\$45.00</b> (7:30 - 8:30)	EXT.CARE <b>\$75.00</b> (3:30 - 5:30)	Totals For weeks Requested
309101A: 6/28 - 7/2				\$ _____.
309101B: 7/5 - 7/9				\$ _____.
309101C: 7/12 - 7/16				\$ _____.
309101D: 7/19 - 7/23				\$ _____.
309101E: 7/26 - 7/30				\$ _____.
309101F: 8/2 - 8/6				\$ _____.
309101G: 8/9 - 8/13				\$ _____.

**\*A non-refundable deposit of 50% is due at the time of registration\***

(If a 50% deposit is made at time of registration, you do not qualify for the discount.)

All balances are due on or before May 31, 2010.

\*In order to qualify for a 10% discount, payment **MUST** be made **in-full** at time of registration, and received in our office on or before April 23, 2010.

No registrations will be accepted without well-visit (within one year) & immunization forms. **WE HAVE A NO REFUND POLICY**

Participation in this program might involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program (s) listed above, hereby, for myself and my heirs, wave and release any and all claims of damage against the Town of Littleton, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to, personal injury and or property damage suffered by my child, myself, or my ward while participating in this activity. In addition, I give permission for the children to be treated by qualified medical personnel in the event that the above name guardian cannot be present.

Name printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please state below whether you **do or do not give permission** for Littleton's Parks, Recreation and Community Education to use photographs taken of your child(ren) for the purposes of marketing and promotion (i.e. future brochures, website, etc). By checking below, you also release the department from any claims for financial compensation now, and in the future, in the use of the photographs.

**IDO** give permission to use my child's photo

**IDO NOT** give permission to use my child's photo

**Do you have these forms included with your registration?**

Discipline Form: \_\_\_\_\_ Child Pick-Up: \_\_\_\_\_ Medical Administration: \_\_\_\_\_

Well Visit & Immunization record (within One Year): \_\_\_\_\_

**Camp Total**

\$ \_\_\_\_\_.

**\*-10% discount**

(if pd in full, at time of registration, prior to 4/23)

\$ \_\_\_\_\_.

**Park & Rec  
2010 Annual Fee**

**\$5.00**

**Non-Resident  
Charge \$3.00 per  
week**

\$ \_\_\_\_\_.

**Grand Total**

No refunds will be given

\$ \_\_\_\_\_.

**CREDIT CARD ~ MC /VISA/DISCOVER**

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. \_\_\_/\_\_\_

CW2# (3 digit # on back of card) \_\_\_\_\_

(MUST BE PROVIDED)

Amt. of Charge Authorized \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

**For office use only:** Amt paid: \_\_\_\_\_

entered by : \_\_\_\_\_ date: \_\_\_\_\_

Cash CC Ck# \_\_\_\_\_ receipt #: \_\_\_\_\_