## Camp Ta-Pa-Win-Go

## 2022 Registration Form

*Important: Fill out BOTH SIDES of this form and return to:* 

Camp Ta-Pa-Win-Go 111 CBM Camp Road Watauga, TN 37694

Please bring/send final payment with your camper at check-in or pay online at www.cbmcamp.com/summer-2022-payment-information \$50 non-refundable deposit required for all campers, except if your camper is completing their first year of Mailbox Club Lessons.

Please complete a separate form for each camper.

	icase complete a se	parate form for each eamper.
Please I	PRINT NEATLY:	
Camper	Name	
Address		
City		State Zip
School		Grade completed by camp
Boy/Girl	Birthday	Age at time of camp
Parent _		Phone ( )
or Guardian(	(s)	Phone _ ( )
the C	authorized person(s) listo	ed to the Parent/Guardian(s) listed above or ed below. A photo ID MUST be shown for leeks before camper can be released.
	-	
Name _		Phone ( )
Name _		Phone( )
		ck Week(s) Attending:
<del>-</del>	-	l Junior, Jr. High, and Teen Camps are \$240.
		ing this box, I am stating that my child/teen will only come This is a new option for Junior, Jr High, and Teen Weeks.
•		a, please include note of explanation.
пра		Day Camp 1 (Grades K-3)
	June 6-10	
	June 13-17	Junior 1 (Grades 3-5) *
	June 20-24	
	June 27-July 1	
	July 4-8	· · · · · · · · · · · · · · · · · · ·
	July 11-15	Jr High Boys/Girls (Grades 6-8) *
Campers are	permitted to attend more than	n 1 week but discounts can only be used 1 time per summer.
Buddy/Re	oommate Preference - 2	only (for overnight they must also choose you)
1. Name		2. Name

## **Health Information**

Food Allergies:			
Drug Allergies:			
Does your child have any activity restrictions or is there any other information			
you feel we should know concerning your child's mental, emotional, or physical health, such as diabetes, autism, etc.?			
nealth, such as diabetes, autism, etc.:			
Special Medications - Attach List to "Health Form" printed from cbmcamp.com.			
Insurance Information			
Insurance Company			
Policy # Pho	ne ( )		
Release & Waivers: Please sign each applicable section you approve below. I hereby give permission for my child to attend Camp Ta-Pa-Win-Go. I understand that the camp carries medical insurance on all campers, but neither the camp insurance nor CBM is in any way responsible for medical treatment or liability resulting from any physical conditions existing before my child attends camp. In the event of an emergency, if you are not able to reach me, a doctor or hospital has permission to treat my child. I also give permission for my child to participate in any and all activities not listed below during their week, even if they take place off camp property. I also understand that registering my child gives CBM permission to use my child's image if it appears in any camp video or photo.			
Parent/Guardian signature			
I give my child permission to take over-the-counter medication from the camp nurse. $\ensuremath{\bigstar}$			
Parent/Guardian signature			
The following are available Jr High and Teen Weeks only (Grades 6-12) I give my teenager permission to play paintball. I have read and agree to the "Paintball Terms and Conditions" posted on cbmcamp.com.			
Parent/Guardian signature (Add \$10 per day, 2 days max; 1 day if rafting/caving)			
I give my <u>teenager</u> permission to go:			
I have read and agree to the "Waiver and Release of Liability for Whitewater Rafting" or "Waiver and Release of Liability for Caving" posted on cbmcamp.com.			
Parent/Guardian signature (Add \$45 for activity)			
E-mail for confirmation			
This will be used to confirm registration. Please print legibly!			
Office Use Only			
Date received	Balance Due		
Amount Paid	Registered		
Mailbox Club	Confirmation		
Other	Later Payment		