

Camp Ta-Pa-Win-Go

2025 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-2025-payment-information A \$25 non-refundable deposit is required for all campers. Note: If your camper earned a free week of camp, you still need to pay a deposit, to reserve the camper's spot. The \$25 deposit will reserve your camper's spot and then be transferred to their canteen account.

Please complete a separate form for each camper.

Please **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 () _____

Campers will ONLY be released to the Parent/Guardian(s) listed above or the authorized person(s) listed below. A photo ID MUST be shown for Day Camp and Junior Weeks before camper can be released.

Other adult authorized to pick up your camper:

Name _____ Phone () _____

Name _____ Phone () _____

Please Check Week(s) Attending:

Primary Day Camps are \$140; All Junior, Jr. High, and Teen Camps are \$280.

***DAY ONLY OPTION:** ___ By initialing this box, I am stating that my child/teen will only come during the day and not spend the night. This is only an option for Junior, Jr High, and Teen Weeks.

If paying for anything extra, please include a note of explanation.

- ___ June 2-6 Junior 1 (Grades 3-5) *
- ___ June 9-13 Teen Week (Grades 9-12) *
- ___ June 16-20 Junior 2 (Grades 3-5) *
- ___ June 23-27 Jr High 1 (Grades 6-8) *
- ___ June 30-July 4 Day Camp (Grades K-2)
- ___ July 7-11 Jr High 2 (Grades 6-8) *
- ___ July 14-18 Junior 3 (Grades 3-5) *

Campers are permitted to attend more than 1 week but discounts can only be used 1 time per summer.

Buddy/Roommate 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.?

Special Medications - Attach List to "Health Form" printed from cbmccamp.com.

I give my child permission to take over-the-counter medication from the camp nurse.
*

Parent/Guardian signature

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 give permission for my child to participate in any and all activities 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

**--The following are available Jr High and Teen Weeks only (Grades 6-12)--
(Payment will be due at Registration)**

Paintball I give my teenager permission to play paintball. I have read and agree to the "Paintball Terms and Conditions" posted on www.cbmccamp.com/teen-camps
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Parent/Guardian signature (Paintball-add \$15 for this activity)

Rafting I have read and agree to the "Waiver and Release of Liability" for Whitewater Rafting posted on www.cbmccamp.com/teen-camps
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Parent/Guardian signature (Rafting-add \$45 for this activity)

Caving I have read and agree to the "Waiver and Release of Liability" for Caving posted on www.cbmccamp.com/teen-camps
*

Parent/Guardian signature (Caving-add \$45 for this 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