



Continuing Traditions and Creating New Memories

Summer Address: 100 Sandy Pond Rd. Richmond, NH 03470 Phone: (603) 239-4841
Winter Address: c/o Athol Area YMCA, 545 Main St. Athol, MA 01331 Phone: (978) 249-3305
E-mail: campwiyaka@yahoo.com web address: www.wiyaka.org Fax: (978) 249-4009

Camper's Name _____ Preferred Name _____
Birth Date _____ Age at Camp _____ Next Grade _____ Sex _____
Daytime Phone _____ Evening Phone _____
Cell Phone _____ E-mail _____
Home Address _____
City _____ State _____ Zip Code _____
Responsible Party _____ Relation to Camper _____
Address (if different) _____
Occupation _____ Phone _____

Leaders in Training (ages 13-15)

- \$750 per camper
- July 4- July 17**
- Aug 1- Aug 14**

- 1 – July 4 – July 10 (Co-ed)
- 2 – July 11 – July 17 (Co-ed)
- 3 – July 18 – July 24 (Boys)

Camp Weeks (Age 7-15)

- 4 – July 25-July 30 (Girls)
- 5 – Aug. 1 – Aug. 7 (Co-ed)
- 6 – Aug. 8 – Aug. 14 (Co-ed)

Family Discount
2nd child attends at 2 week price.
Ex: Send 2 kids to camp for 1 week.
Total Cost: \$725

Camp Fees

1 Week	\$375
2 Weeks	\$725
3 Weeks	\$1075
4 Weeks	\$1425
5 Weeks	\$1775

Camp Fee.....
* **Canteen** (\$8.00 per week).....
* **Camp Photo** (8x10 Color \$10.00).....
* **T-shirt** (Circle Size, Youth S M L \$7.00).....
(Circle Size, Adult S M L XL \$7.00).....
* **Over weekend Laundry** (\$15 per week).....
* **Early Bird Discout** before May 15th (-\$25).....
Total _____

Payment Information

Payment in Full Budget Plan (25% each month before June 15)

Charge to My Mastercard Visa

Account No. _____ Expiration Date _____ Amount _____

Signature _____

Liability Release

I agree to have my child examined by the family physician within one year prior to the opening of camp stating he/she is free from communicable disease and has not been exposed to such. (Health forms may be found online at www.wiyaka.org. Please schedule appointments early.)

I understand that all verbal and physical harassment, sexual misconduct, fighting and dangerous behaviors are unacceptable at Camp Wiyaka, Inc. Such behavior may result in dismissal from Camp without refund.

NO DRUGS, ALCOHOL, or TOBACCO SUBSTANCES will be allowed at Camp Wiyaka. Possession of these items will be cause for immediate removal from camp, at the cost of parent or responsible party, including cost of staff time and travel if required to return camper.

ELECTRONIC GAMES, RADIOS and CELL PHONES ARE NOT ALLOWED. These items will be confiscated and kept in the Director's office for the week.

By submitting this application the camper and his/her parents or guardians 1) agree that Camp Wiyaka Inc. may photograph or video tape the camper and may use these images for marketing purposes and 2) release the camp from any claim or liability related to that use. **If you wish to deny photo use check here.** **Photo permission denied.**

I hereby give permission for my child to leave camp and participate in authorized trips under the supervision of Camp Wiyaka Inc. staff.

I agree to mail all forms to Camp Wiyaka two weeks prior to my camper's attendance date.

Signed _____ Date _____

Equal Opportunity Camping Experience For All!

MY CAMPER WOULD LIKE TO HAVE THE FOLLOWING TENT MATE: Tents are assigned by age and grade level. Whenever possible mutual tent mate requests are honored (for 1 camper) within one year of age.

1. _____

In an effort to reduce our impact on the environment we are offering two options for receiving your information packet this year

we can mail the forms to you at the address listed on this form

you can print copies of the forms you need from the website at www.wiyaka.org

***Unless otherwise indicated we will expect parents to print their forms from the website.**