



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

American Heritage Tour – North West

Traveling: Sunday October 22, 2017 – Friday October 27, 2017
 Schools: Charlestown • Walpole • Vilas • Goshen-Lempster
 Cheshire YMCA • 32 Lake Street • North Swanzey, 03431 • 603-352-0447 • info@cheshireymca.org

Student Information	
Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Grade While Traveling	School
Vest Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
Any Health/Behavioral concerns that you would like our nurse to be aware of at this time?	

Parent / Guardian 1		Parent / Guardian 2	
Name/Relationship		Name/Relationship	
Email	Home Phone	Email	Home Phone
Cell Phone	Work Phone	Cell Phone	Work Phone
Does student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Restrictions Regarding Custody? (attach details) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does student reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Restrictions Regarding Custody? (attach details) <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Street Address	
City, State, ZIP		City, State, ZIP	

CYMCA Reassurance Program (optional):

Families may register for the reassurance program and pay a non-refundable fee of \$75 at the time they register in the developmental travel program. After you have registered in the reassurance program and that participant withdraws from the tour process at any time prior to tour for any reason, all tour fees except the initial deposit and Reassurance fee will be refunded.

Yes I would like Reassurance **No, I do not need Reassurance**

Parent / Guardian Authorization

The Cheshire YMCA’s goal is to provide a successful experience for every child. I agree to inform Cheshire YMCA of any disabilities, medical conditions, and behavioral issues to ensure that accommodations for my child are available.

I agree to comply with the Cheshire YMCA staff team toward the positive resolution of any challenges. I understand that in some cases, this may result in a child’s dismissal from the program.

I attest that my child may participate in the above program. I give permission to the Cheshire YMCA to transport my child through out the entirety of the touring process.

I understand that the registration deposit is non refundable. All other tuition payments are refundable until payment due dates. No refunds or adjustments are made for students who enroll late, drop or are dismissed from the program.

I authorize the Cheshire YMCA to use photos, videos, or likenesses of my children taken in the YMCA’s program for business and promotional purposes. I understand that my children’s names will appear on the program 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 student. It is the YMCA’s position that each student’s health, medical care, and medications are the responsibility of the respective parents. For all medical care, parents will be invoiced directly.

I have read and agreed to all policies and procedures in the Parent/Guardian Authorization, and the Developmental Travel Guidelines page.

Parent/Guardian Signature

Date

Payment Information		
A non-refundable Deposit of \$170 or payment in full should be enclosed with this registration form.		Party Responsible for Payment:
Would you like to sign up for automatic credit card payments.	Y or N	
Pay in Full: \$950	\$	
2 Installments: \$170 deposit at registration AND two payments of \$390 on the 15 th of May and September.	\$	
Monthly Installments: \$170 deposit at registration AND six payments of \$130 on the 15 th of April, May, June, July, August and September.	\$	
Reassurance \$75 (optional)	\$	
Total Enclosed	\$	
		Credit Card Information <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA Card #: _____ Expiration Date: _____ CVC #: _____ Signature: _____

FOR REGISTRATION TO BE PROCESSED, THIS CARD MUST BE FILLED OUT COMPLETELY, SIGNED, AND ACCOMPANIED BY A NON-REFUNDABLE \$170 REGISTRATION DEPOSIT. THANK YOU!

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