



Summer Address:
Cody
9 Cody Road
Freedom, NH 03836

Cody's Business Office Address:
P.O. Box 368
Portsmouth, NH 03802
(Please Send Registrations HERE)

Contact Us:
Telephone: (800) 399-4436
Fax: (603) 539-5840
E-mail: info@cody.org

2008 CAMPER APPLICATION

Kindly enroll: _____ (Full Name of Camper)
 at Cody Summer Camp for the forthcoming season. Registration Fee of \$500
 accompanies this application, to be credited against my tuition, and is non-refundable
 after January 31st. An additional winter payment of \$500 is due by January 31st.
 Balance is payable in full May 1st. Registrations received after January 31st will include
 both registration deposit and the winter payment. Cody reserves the right to cancel
 acknowledged placements if accounts are not paid in full by May 15. The conditions
 below and on the following pages have been read and agreed to by the undersigned.
 Consent is given for using photographs of our child by Cody for promotional purposes,
 including use by professional camping associations.

Parent or Guardian, please complete this section the way you would like all information
 for you to be addressed.

Name of Parent or Guardian completing this form: _____

Camper's Father's Name: _____ Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Home Phone: () _____

Cell Phone : () _____ E-mail: _____

Business Name: _____ Business Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Work Phone:() _____

Work Fax if applicable :() _____ Camper's Date of Birth: _____

First summer at Cody (year): _____ Grade next September: _____

Recommended to Cody by:

The Directors reserve the right to sever a camper's connection with Cody for reasons of health or conduct. Only in the event of such premature termination of a camper's attendance by the directors for reasons of health will one half the balance of pro-rata tuition be refunded. No other refunds or allowances will be made for dismissal for misconduct, nor for late arrivals, or other premature departures. Registration fees are not refundable after May 1st.

Jurisdiction for any legal action involving Cody and any employee, camper, camper family, or other parties will be in Carroll County, NH. Any individual bringing legal action against Cody or any of its employees shall be responsible for all legal fees, court costs, and out-of-pocket expenses of Cody or those employees involved in said legal action, unless otherwise ruled by court decision.

Deposit: Registration fee of \$500 must accompany this application, with winter payment due on the 31st of January and balance payable in full by May 1st.

Please circle your camper's session:

- 1st 2 week session: June 22-July 5, \$1,995
- 2nd 2 week session: July 6-July 19, \$2,045
- 3rd 2 week session: July 20-August 2, \$1,995
- 4th 2 week session: August 3-August 16, \$1,795

-
- 1st 4 week session: June 22-July 19, \$3,795
 - 2nd 4 week session: July 20-August 16, \$3,595

-
- 1st 6 week session: June 22-August 2, \$5,695
 - 2nd 6 week session: July 6-August 16, \$5,495
 - 8 week session: June 22-August 16, \$6,595

Canteen/Trip/Personal Spending Deposit:

- \$200 (2 weeks); \$300 (6 weeks); \$400 (6-8 weeks)

Transportation services to and from Cody (if utilized) will be billed separately.

Note: Hospital, Pharmacy, and related medical care provided outside of camp shall be charged to the family's home medical insurance. The parent/guardian shall furnish camp with a signed family insurance claim form for this purpose. The family will also return a completed medical insurance record card (provided by camp and acceptable to local NH health providers) for insurance documentation. Any medical related care not covered by the family's insurance shall be paid for by the parent/guardian.

Although reasonable efforts are made to safeguard camper's personal property, the camp is not responsible for lost belongings or items damaged due to fire, theft, shipping & transport, laundry, water, or acts of God.

In addition to the use of medical treatment in camp when necessary for camper's health, the camp reserves the right to have camper hospitalized or to use outside medical, surgical, or dental services. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the nurse or physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, X-ray, anesthesia, or surgery for my child.

This application constitutes an enrollment agreement only when accepted by Cody Directors in writing, and shall be constituted in and under the laws of the State of New Hampshire.

“I have read the above and accept the terms of this agreement.”

Signed: _____ (Cody Parent)

We accept personal checks, Discover, Visa or MasterCard, and international wire transfers. Please make checks payable to “Cody”.

Please send this registration and all tuition payments to:

**Cody
P.O. Box 368
Portsmouth, NH 03802**

Questions? Comments?

...Please give us a ring at: 800.399.4436 or send us an email at: info@cody.org