



950 Blue Hill Avenue, Dorchester, Massachusetts, 02124
617.288.9092 (P), 617.288.3253 (F), www.sportsmenstennis.org (W)

Tournament Training - 2018 Full Day Registration

9AM - 4PM

Campers First Name:

Last Name:

School:

Age:

Gender:

Parent/Guardian Name:

Ethnicity:

Address:

City:

State:

Zip:

Home Phone:

Alternate Phone:

Email:

Date of Birth:

Height:

Identifying Marks:

New Camper:

Returning Camper:

Y/N

Y/N

How did you hear about our camp?

Has your child ever played organized tennis? Y/N If yes, where?

Has your child ever taken lessons? Y N If yes, where?

Name of Healthcare Provider:

Policy Number:

Telephone Number of Provider: Child's Physician:

Telephone Number of Physician:

Name of Primary Insured:

Is your child currently taking medicine? Y/N Name of Medicine:

What is the dosage and frequency?

Has your child ever been hospitalized? Y/N If yes, please describe

Has your child suffered any injuries? Y N If yes, please describe

Date of child's last physical: (Please provide a copy of the '16-' 17 record.)

Medicine allergies? Y/N If yes, to what medicine(s)?

Food allergies? Y N If yes, to what food(s)?

In case of emergency, contact:

Phone Number:

Alternate Contact:

Phone Number:

Does your child have permission to swim?

Y/N Prior swimming lessons? Y/N

Does your child have any physical constraints that would prohibit him/her from participating in any type of recreational sports? Y N If yes, please describe.

Week # 1 : 6/25 - 6/29 Week #2: 7 /2 - 7 /6 Week #3: 7 /9 - 7 /13 Week #4: 7 /16 - 7 /20 Week #5: 7 /23- 7 /27
Week #6: 7/30- 8/03 Week # 7: 8/06 - 8/ 10 Week #8: 8/13 - 8/17 Week #9: 8/20 - 8/24

***NEW* Single Day Option: Price -\$55.00 per day plus One-Time Registration Fee**
1st Dates of Single Day(s): _____ , _____ , _____ , _____ , _____ , _____ , _____

Number of weeks requested_ X **(\$275.00/\$295.00 per week)+** One-Time Camp Registration fee **\$50.00**
(Non-Refundable)+ Out of District fee **\$20.00/\$30.00** (per week if applicable)= Total amount due\$ ____

Requirement must have been enrolled in 3 or more Tournament Training clinics during 2017-2018 program year to receive \$275.00 pricing)

Amount paid with application \$ ____ Paid by: Cash | Money order | Check | Voucher | Credit Card
Total amount paid in full ____ or Balance due is \$ ____ and

I select installment payments of 25% deposit+ \$50.00 camp registration fee due with application and per session.

Please initial to indicate your acceptance of payment terms. _____

Number of weeks requested _ X \$ ____ per week + One-Time Camp Registration fee \$50.00 Non-Refundable) + of District fee \$20.00/\$30.00 (per week if applicable)+ Extended Day (per week if applicable)+ Number of Single days requested _ X \$55.00 = Total

amount due \$ ____ Amount paid with application \$ ____

Paid by: Cash | Money order | Check | Voucher | Credit Card

total amount paid in full ____ or Balance due is \$ ____ and I select installment payments of

25% deposit+ \$50.00 camp registration fee due with application, payment #2 due March 31st
payment #3 due April 28th and final payment is due June 2nd
Please note: there is a \$35.00 charge for returned checks.

Please initial to indicate your acceptance of payment terms. _____

PLEASE READ THE FOLLOWING IN ITS ENTIRETY. BY SIGNING BELOW YOU ARE ACCEPTING THE FOLLOWING TERMS.

Under no circumstances will there be refunds issued to families for campers who miss days, weeks, cancel, withdraw, or are dismissed for behavioral issues, as determined by Sportsmen’s Tennis and Enrichment Center staff. Sportsmen’s Tennis and Enrichment Center has my permission to use photos/video taping of my child for the purpose of Sportsmen’s Tennis and Enrichment Center promotions.

Participant, parent/guardian agrees to indemnify and hold harmless Sportsmen’s tennis and Enrichment Center, its staff, directors, volunteers, members and representatives from any and all harm arising from participating in Summer Camp and all related activities including, but not limited to tennis, field trips and travel to and from STEC and field trip locations. Your signature indicates that this student is in good health and able to participate in all Summer Camp activities. Arrival begins at 8:30 am. Pick up is no later than 5:00 pm for full day campers and 1:00 pm for half day campers. A late fee will be assessed starting at 5:05 pm for campers who remain after the designated dismissal time and Extended Day was not a selected option. The late fee of \$10.00 must be paid at the front desk when you pick up your child. If the late fee is not paid when you pick your child, your child will not be able to attend camp until the late fee is satisfied .

Parent/Guardian Signature: _____ Date: _____

“This camp must comply with regulations of the Massachusetts Department of Public Health And be licensed by the local board of health.”