

Hammel Tennis Camp has my permission to transport my child to camp activities.

Hammel Tennis Camp has my permission to use photos of my child in promotional and educational literature.

I give my permission for Hammel Tennis Camp to attain emergency medical treatment for my child in the event I cannot be reached.

Hammel Tennis Camp will refund 100% of all fees (minus \$25 per week per child registration fee) for canceled camp weeks if Hammel Tennis Camp is notified by May 1, 2009. After May 1, 2009, refunds are only given for medical reasons verified by a doctor's note. There are absolutely no refunds or credits for missed camp days or weeks. All credits are good for Hammel Tennis Camp 2010 only!

Hammel Tennis Camp reserves the right to dismiss any camper whose conduct is detrimental to the overall good of the camp. In cases of gross misconduct, illness or accident, no refund will be made. No deduction is allowed for late arrival or early departure. Hammel Tennis Camp maintains the highest safety standards; however, it does not assume liability for accidents, illness, or disease.

Camper's must supply a completed medical form that is less than one year old that includes documentation of required immunizations.

It is hereby understood and agreed that any accident or sickness claim will be covered by the parent's or guardian's insurance.

Health Insurance Company: _____ Policy #: _____

I have read and understand each agreement outlined above.

Signature of Parent or Guardian: _____ Date: _____

HAMMEL TENNIS CAMP 2009

Camper's Name: _____

Home Phone: _____

Age: _____ Gender: _____ Grade (as of Fall '08): _____

Parent/Guardian Name: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Please check camp type:

- Zip Tennis Wayland
- Zip Tennis Natick
- Challenger
- HTC & Golf
- High School (half day/ full day)
- CIT Program
- Tournament (half day/ full day)

Please check the weeks applied for: (*No camp 7/3/09...pay prorated amount.)

- June 8 - 12
- July 13 - 17
- August 10 - 14
- June 15 - 19
- July 20 - 24
- August 17 - 21
- June 22 - 26
- July 27 - 31
- August 24 - 28
- June 29 - July 2*
- August 3 - 7
- Aug.31 - Sept. 4
- July 6 0 10

Number of Weeks: _____ Balance Due: \$ _____

Checks payable to: **The Longfellow Club**

Mail to: **Hammel Tennis Camp, 524 Boston Post Road, Wayland, MA 01778.**

This camp complies with regulations of the Massachusetts Department of Public Health (105 CMR 430), and licensed by the Sudbury Board of Health. Information on these regulations can be obtained at (617) 983-6761. Regulation .190(D) in regards to information documented of parents having the right to review background check, health care, discipline policies and grievance procedures upon request.

Camper's cannot participate in camp until we receive a health form signed by a doctor indicating that your child is able to participate in the Hammel Tennis Camp. Health forms are available online at www.longfellowclubs.com.