

Hammel Tennis Camp 2011 Application

All Information is required.

Camper's Name: _____
D.O.B.: _____ Gender: _____ Grade (as of Fall '11): _____
Parent/Guardian Name: _____ Home Phone: _____
Address: _____
Work Phone: _____ Cell Phone: _____
Emergency Contact: _____ Emergency Phone: _____
Email Address:(required) _____

***Camp confirmation will be emailed.**

Please check camp type:

- Zip Tennis Wayland Zip Tennis Natick
 Challenger (half day/ full day) HTC & Golf
 High School (half day/ full day) NEAOT Training Camp (half day/ full day)
 Tournament (half day/ full day)
 Please check if transportation is needed from Natick.

Please check the weeks applied for:

- June 13 - 17 June 20 - 24 June 27 - July 1
 July 5 - 8 July 11 - 15 July 18 - 22 July 25 - 29
 August 1 - 5 August 8 - 12 August 15 - 19 August 22 - 26
 August 30 - September 3

Number of Weeks: _____ **Balance Due: \$** _____ **CC#:** _____ **Exp.:** _____

Checks payable to: **The Longfellow Club**

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

Campers 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.

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

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

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

HTC will refund 100% of all fees (minus \$25 per week per child registration fee) for canceled camp weeks if HTC is notified by May 1, 2011. After May 1, 2011, 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 2012 only!**

HTC 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. HTC maintains the highest safety standards; however, it does not assume liability for accidents, illness, or disease.

Campers 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: _____

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.