



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

2020 Full Day Registration

9AM - 3PM

Red Tennis



Orange Tennis



Green (Intermediate) Tennis



First Name:

Last Name:

School:

Grade:

BPS:

Y/N

Age:

Gender:

Ethnicity:

Parent/Guardian Name:

Parent/Guardian Name:

Address:

City:

State:

Zip:

Home Phone:

Alternate Phone:

Email:

Date of Birth:

Height:

Identifying Marks:

New Camper:

Y/N

Returning Camper:

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:

Insurance Policy Number:

Telephone Number of Provider: Child's Physician:

Telephone Number of Physician:

Name of Primary Insured:

Does your child have an active IEP? Y/N

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 '19 -'20 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. _____

Please check one

Red Tennis (5-8 years), Orange Tennis (9-11 years), Green (Intermediate) (12-15 years), Camp is \$145 per week for 4 days, \$175 per week for 5 days and check which weeks of camp you are requesting:

Week #1 : 7/13 - 7/17

Week #2: 7/20 - 7/24

Week #3: 7/27 - 7/31

Week #4: 8/3 - 8/7

Week #5: 8/10 - 8/14

Week #6: 8/17 - 8/21

Out of District Fee for residents of communities surrounding Boston please add \$10.00 per week.

Number of weeks requested _____ X _____ per week + One Time Camp Registration fee \$50.00
(Non-Refundable) + Out of District fee \$10.00 (per week if applicable)
= 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 (not applicable for voucher payments issued by Child Care Choices), Final payment for each week selected is due the Thursday by 12pm prior to the week of camp.**

**• 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 Sportsmen's and field trip locations. Your signature indicates that this student is in good health and able to participate in all Summer Camp activities.
- Closures due to COVID-19 related issues will result in a refund of unused, registered camp fees.
- Arrival begins at 8:45am and 9:00am for assigned groups. Pick up begins at 2:45pm and 3:00pm for assigned groups. A late fee of \$1.00 per minute will be assessed beginning at 3:20pm. Late fees must be paid to the front desk when you arrive to pick up your child. If late fees are not paid, your child will not be able to attend camp until fees are paid.

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

Parent/Guardian Signature _____ Date _____

***NEW* Single Day Option: Price - \$55.00 per day plus One-Time Registration Fee of \$50.00**