



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

2021 Full Day Registration

9AM - 5PM

Red Tennis



Orange Tennis



Green 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 '20 -'21 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 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), \$ \$225/wk., Orange Tennis (9-11 years) \$225/wk.,
 Green (Intermediate) (12-13 years) \$225/wk**
 and check which weeks of camp you are requesting:

Week #1 : 6/28 - 7/2 Red, Orange and Green Week #2: (Closed 7/5) 7/6-7/9 Week #3: 7/12 - 7/16
Week #4: 7/19 - 7/23 Week #5: 7/26 - 7/30 Week #6: 8/2 - 8/6 Week #7: 8/9 - 8/13
Week #8: 8/16 - 8/20 Week #9: 8/23 - 8/27

**Out of District Fee for residents of communities surrounding Boston
 is an additional \$25.00 per week(Non-Refundable)**

Number of weeks requested ____ X _____ per week + One Time Camp Registration fee \$50.00
(Non-Refundable) + Out of District fee \$25.00 (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 Friday 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.
- Arrival begins at 9:00 am. A late fee will be assessed starting at 5:05 pm for campers who remain after the designated dismissal time. 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 upon picking up your child, your child will not be able to attend camp until the late fee is 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 _____