

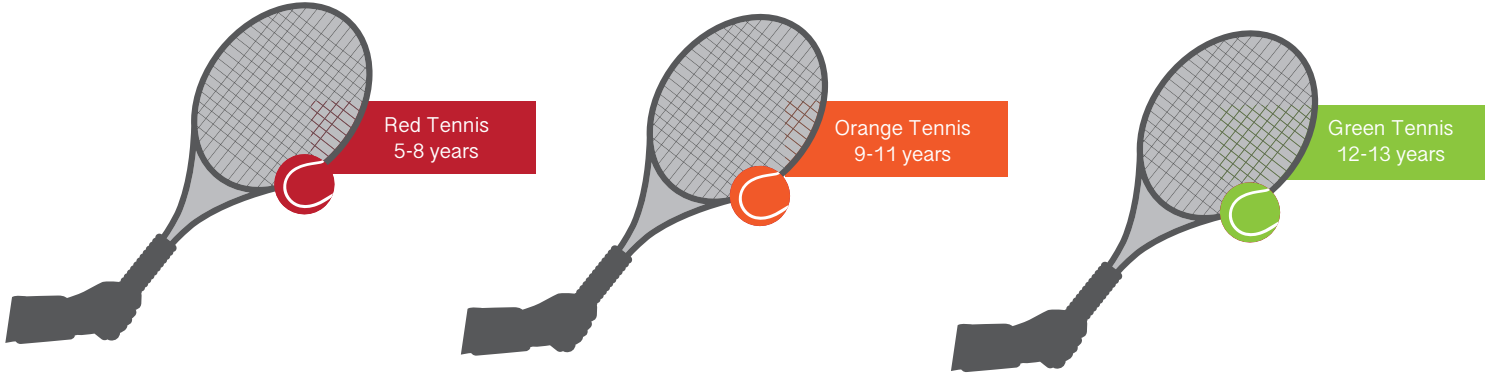


# Full Day Registration 2022

9:00AM - 5:00PM

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

Email: [summercamp@sportsmenstennis.org](mailto:summercamp@sportsmenstennis.org)  
for additional information



## Student Information

Student First Name:

Student Last Name:

Gender:

Date of Birth:

Mailing Address:

City:

State:

Zip:

Age:

School:

BPS:

Y/N

Grade:

Ethnicity:

Parent/Guardian Name:

Phone Number:

Email Address:

Parent/Guardian Name:

Phone Number:

Email Address:

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

How did you hear about our camp?

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 '21 - '22 record.)

Does your child have an active IEP? Y/N

If Y, please provide the plan to us!

MORE ON BACK

Please check one and circle which weeks of camp you are requesting:

**Red Tennis (5-8 years) \$235/wk.**

**Orange Tennis (9-11 years) \$235/wk.**

**Green (Intermediate) (12-13 years) \$235/wk.**

**Week #1: 7/5 - 7/8 (Closed 7/4)**

**Week #2: 7/11 - 7/15**

**Week #3: 7/18 - 7/22**

**Week #4: 7/25 - 7/29**

**Week #5: 8/1 - 8/5**

**Week #6: 8/8 - 8/12**

**Week #7: 8/15 - 8/19**

**Week #8: 8/22 - 8/26**

**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. \_\_\_\_\_

**Our parent handbook contains policies, rules, and regulations for a successful summer experience.**

**Please read and sign the handbook and return to Sportsmen's**

**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 tapings of my child for the purpose of Sportsmen's Tennis and Enrichment Center promotions.

**Please check below if the following statement is applicable.**

**I DO NOT allow my child to be photographed, videotaped and/or audio taped during summer camp related activities and/or learning experiences.**

- 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 \_\_\_\_\_**



# Medical History, Relevant information and Authorization for Treatment Form

## Contact Information

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list at least one emergency contact in the event parent/guardian is not able to be reached.

1) Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
2) Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Medical History

Does your child have any of the following? Circle or check all that apply.

- |           |                    |                               |                     |
|-----------|--------------------|-------------------------------|---------------------|
| ADD, ADHD | Asthma             | Behavioral Modification       | Development Delay   |
| Diabetes  | Incontinence       | Individual Ed. Plan (IEP)/504 | Lactose Intolerance |
| Migraines | Psychological Plan | Seizure Disorder              | Skin Conditions     |

### Allergies

Please circle or check all that apply and list reaction and indicate level of severity. (Please circle or check one.)

Environmental \_\_\_\_\_ Mild – Moderate - Severe

Food (Please be specific) \_\_\_\_\_ Mild – Moderate - Severe

Insect Bite/Bee Sting \_\_\_\_\_ Mild - Moderate – Severe

Medications \_\_\_\_\_ Mild – Moderate - Severe

Other \_\_\_\_\_ Mild – Moderate - Severe

If an allergy to food or medicine were identified, please list food or medication associated with allergy.

### Medications

Please list all medications your child is currently taking. Please include Inhaler for Asthma and EpiPen for allergies.

Medication \_\_\_\_\_ Dose \_\_\_\_\_  
Frequency/Time(s) \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_  
Frequency/Time(s) \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_  
Frequency/Time(s) \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_  
Frequency/Time(s) \_\_\_\_\_



## Authorization for Treatment

Authorization for Oral Medications or Topical Treatment: I hereby authorize a Sportsmen's Health Care Provider or designated staff member to give my child Acetaminophen (Tylenol); Ibuprofen (Motrin/Advil); Diphenhydramine (Benadryl) or apply Anti-Itch creams, sunscreen, bug repellent and hand sanitizer on an "as needed" basis. I confirm my child has no allergies to these medications.

I understand that In the event of a medical emergency, Sportsmen's Health Care Provider or designated staff member will administer first aid and if necessary secure the transport of my child by EMT services and notify me.

Is there any additional information that would be helpful in support of your child having an enriching and fulfilling experience for example, life altering; behavior management/self-regulation; self-care; coping strategies or accessing information. (Use bottom of page if more space is needed.)

---

---

---

If parent(s)/guardian are traveling away from home while child is enrolled in camp, parent must provide contact information for individual for whom their child is in the care of while away. In the event of an emergency, I understand that my signature gives authorization for the above listed individual, caring for my child to give consent to emergency medical care and/or treatment.

Name of individual caring for camper: \_\_\_\_\_

Cell: \_\_\_\_\_

Departure date of parent: \_\_\_\_\_ Return Date: \_\_\_\_\_

---

Parent Signature

Date

---

---



Please list all the name(s) of all persons authorized to pick up your child. Please complete a form for each child.

Name of camper: \_\_\_\_\_

Red                                      Orange                                      Green                                      (Please circle or check program)

1. Name of authorized person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Copy of Picture I.D. \_\_\_\_\_

(Please circle or check) Driver's License                      Passport                      State I. D.

2. Name of authorized person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Copy of Picture I.D. \_\_\_\_\_

(Please circle or check) Driver's License                      Passport                      State I.D.

3. Name of authorized person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Copy of Picture I.D. \_\_\_\_\_

(Please circle or check) Driver's License                      Passport                      State I.D.

• Please note each individual designated to pick up your child will need to show the identification indicated above each time. A photocopy of the person(s) authorized to pick up your child will remain on file throughout the duration of camp.

## Waiver of Pick-Up

My child \_\_\_\_\_ has permission to leave the premises of Sportsmen's Tennis and Enrichment Center Summer Camp at dismissal time without adult supervision. I understand that my signature releases Sportsmen's Tennis and Enrichment Center of all responsibility as my child will be dismissed in their own care. My signature and initials indicates that I have read, understand and acknowledge all the terms listed below and initial.

Please note that all campers who have permission to walk home will be required to sign-out each day.

- My child is 12 years or older. \_\_\_\_\_
- Our residence is between 1-3 miles in distance from the organization. \_\_\_\_\_
- My child understands that he or she should not deviate from the agreed upon route to home between parent and child. \_\_\_\_\_
- My child is familiar with the immediate area, as well as the area along the route to home. \_\_\_\_\_
- Upon arriving home, my child understands that he or she must call Sportsmen's to indicate their arrival to home 617.288.9092. \_\_\_\_\_
- If your child must leave prior to the dismissal of camp, your child must provide a signed note by parent or guardian. \_\_\_\_\_
- If your child will be absent, please call prior to 9:30 a.m. on the day of your child's absence. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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