

Longfellow Arts Camp - Wayland

Camper's Name: _____

Home Phone: _____

Age: _____ Gender: _____ Grade (as of Fall '10): _____

Parent/Guardian Name: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Please check the weeks applied for:

June 28 - July 2

July 6 - July 9*

July 12 - 16

July 19 - 23

July 26 - 30

August 2 - 6

August 9 - 13

August 16 - 20

Number of Weeks: _____ Balance Due: \$ _____

Checks payable to: ***The Longfellow Children's Center.***

Mail to: **Longfellow Arts Camp, 522C 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 Longfellow Arts Camp.

* No camp Monday 7/5/10.

This camp complies with regulations of the Massachusetts Department of Public Health (105CMR 430), and licensed by the Sudbury Board of Health. Information on these regulations can be obtained at (617) 983-6761.

Longfellow Arts Camp has my permission to transport my child to camp activities.

Longfellow Arts Camp has my permission to use photos of my child in promotional and educational literature.

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

Longfellow Arts Camp will refund 100% of all fees (minus \$25 per week per child registration fee) for canceled camp weeks if Longfellow Arts Camp is notified by May 1, 2010. After May 1, 2010, 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.

Longfellow Arts 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. Longfellow Arts Camp 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: _____