

## Camp Longfellow 2010 - 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 21 - 25

June 28 - July 2

July 6\* - 9

July 12 - 16

July 19 - 23

July 26 - July 30

August 2 - 6

August 9 - 13

August 16 - 20

August 23 - 27

Number of Weeks: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

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

Mail to: **Camp Longfellow, 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 Camp Longfellow

\* No camp 7/5/10

*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.*

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

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

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

Camp Longfellow will refund 100% of all fees (minus \$25 per week per child registration fee) for canceled camp weeks if Camp Longfellow 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.

Camp Longfellow 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. Camp Longfellow 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: \_\_\_\_\_