

Hammel Tennis Camp 2010 Application

All Information is required.

Camper's Name: _____

D.O.B.: _____ Gender: _____ Grade (as of Fall '10): _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Email Address: _____

*Camp confirmation will be emailed.

Please check camp type:

- | | |
|--|--|
| <input type="checkbox"/> Zip Tennis Wayland | <input type="checkbox"/> Zip Tennis Natick |
| <input type="checkbox"/> Challenger (<input type="checkbox"/> half day/ <input type="checkbox"/> full day) | <input type="checkbox"/> HTC & Golf |
| <input type="checkbox"/> High School (<input type="checkbox"/> half day/ <input type="checkbox"/> full day) | <input type="checkbox"/> NEAOT Training Camp (<input type="checkbox"/> half day/ <input type="checkbox"/> full day) |
| <input type="checkbox"/> Tournament (<input type="checkbox"/> half day/ <input type="checkbox"/> full day) | |
| <input type="checkbox"/> Please check if transportation is needed from Natick. | |

Please check the weeks applied for:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> June 7 - 11 | <input type="checkbox"/> June 14 - 18 | <input type="checkbox"/> June 21 - 25 | <input type="checkbox"/> June 28 - July 2 |
| <input type="checkbox"/> July 5 - 9 | <input type="checkbox"/> July 12 - 16 | <input type="checkbox"/> July 19 - 23 | <input type="checkbox"/> July 26 - 30 |
| <input type="checkbox"/> August 2 - 6 | <input type="checkbox"/> August 9 - 13 | <input type="checkbox"/> August 16 - 20 | <input type="checkbox"/> August 23 - 27 |
| <input type="checkbox"/> August 30 - September 3 | | | |

Number of Weeks: _____ Balance Due: \$ _____ CC#: _____ Exp.: _____

Checks payable to: **The Longfellow Club**

Mail to: **Hammel Tennis Camp • 524 Boston Post Road • Wayland, MA 01778**

Camper's cannot participate in camp until we receive a health form signed by a doctor indicating that your child is able to participate in the Hammel Tennis Camp. Health forms are available online at www.longfellowclubs.com.

Hammel Tennis Camp has my permission to transport my child to camp activities.

Hammel Tennis Camp (HTC) has my permission to use photos of my child in promotional and educational literature.

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

HTC will refund 100% of all fees (minus \$25 per week per child registration fee) for canceled camp weeks if HTC 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. **All credits are good for Hammel Tennis Camp 2011 only!**

HTC 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. HTC maintains the highest safety standards; however, it does not assume liability for accidents, illness, or disease.

Camper's 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: _____

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. Regulation .190(D) in regards to information documented of parents having the right to review background check, health care, discipline policies and grievance procedures upon request.