



Sportsmen's Tennis Club
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TOURNAMENT TRAINING CAMP Summer 2009 Full-Day Application

Camper's First Name: _____ Last Name: _____

Age: _____ Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____ Family E-mail: _____

Date of Birth: _____ Height: _____ Identifying Marks: _____

Presently an STC member? Y N Interested in membership? Y N

Has your child ever played organized tennis? Y N If so, where? _____

Has your child ever taken lessons? Y N If so, where? _____

Name of Healthcare Provider: _____ Policy Number: _____

Telephone Number of Provider: _____ Child's Physician: _____

Telephone Number of Physician: _____ Name of Primary Insured: _____

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 '06-'07 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 permission to swim? Y N Has your child ever taken swim lessons? Y N

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. _____

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Training camp is designed for 9-17 year olds and requires the camper to be a regular participant in USTA sanctioned tournaments. Please circle which weeks of camp you are registering for:

Week #1: 7/06 – 7/10 Week #2: 7/13- 7/17 Week #3: 7/20- 7/24 Week #4: 7/27 – 7/31
Week #5: 8/03 – 8/07 Week #6: 8/10 - 8/14 Week #7: 8/17 - 8/21

* Non Residency fee please add \$25.00 per week. Extended Day please add \$25.00 per week

Number of weeks requested _____ X \$250.00 per week = Total amount due \$ _____

Amount paid with application \$ _____ Paid by: Cash | Money order | Check

Summer Camp Special Pay for (6) weeks in full by June 12th and receive week #7 at no cost. Total amount paid in full _____ or Balance due is \$ _____ and *I select installment payments of 25% deposit due with application, payment #2 due April 17th, payment # 3 due May 15th, and final payment due June 12th. Please note: there is a \$25.00 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.

- There are NO REFUNDS for missed weeks or days. Also, there are NO REFUNDS should your child be dismissed for behavioral issues which warrant dismissal as established by Sportsmen's Tennis Club staff.
- Neither Sportsmen's Tennis Club staff nor anyone associated with the organization is responsible for accidents or medical/dental expenses incurred as a result of participation in the program. Your signature indicates that your child is in good health and able to participate in all tennis and recreational sports activities.
- Sportsmen's Tennis Club has my permission to use photos/video taping of my child for the purpose of Sportsmen's Tennis Club promotions.
- Drop off begins at 8:45 a.m. Pick up is no later than 5:00 p.m. for full day campers and 1:00 p.m. for half day campers. A **late fee** will be assessed starting at 5:05 p.m. for campers who remain after the designated dismissal time. At 5:05 p.m., a \$5.00 late fee will apply. **Additionally**, a \$5.00 fee will be charged for each additional 5 minutes thereafter (not to exceed \$25.00). The late fee must be paid at the front desk when you pick up your child. If the late fee is not paid when you pick up your child, your child will not be able to attend camp until the late fee is satisfied. **Please remember there will be NO REFUNDS or CREDITS for missed days.**

Sportsmen's Tennis Camp is licensed by
The City of Boston Inspectional Service Department-Health Department & Massachusetts Department of
Public Health

Parent/Guardian Signature _____ Date _____