



Sportsmen's Tennis Club
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Dorchester, Massachusetts, 02124
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TOURNAMENT TRAINING CAMP Summer 2010- Half-Day Application

Camper's First Name: _____ Last Name: _____ School: _____

Age: _____ Parent/Guardian Name: _____ Ethnicity: _____

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

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

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

New Camper Y N Returning Camper Y N How did you hear about our camp? _____

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 '08-'09 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 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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Week #1: 7/06 – 7/09 (\$140.00) Week #2: 7/12- 7/16 Week #3: 7/19- 7/23 Week #4: 7/26 – 7/30

Week #5: 8/02 – 8/06 Week #6: 8/09 - 8/13 Week #7: 8/16 - 8/20 Week #8: 8/23 – 8/27

**Non Residency Fee please add \$25.00 per week.
Extended Day a.m. (8:00-8:45) please add \$25.00 per week
Extended Day p.m. (5:00-5:45) please add \$25.00 per week**

Number of weeks requested ___ X \$175.00 per week + One-Time Camp Registration fee \$50.00 +
Out of District fee (per week if applicable) = Total amount due \$ _____

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

Summer Camp Special

Pay for (7) weeks in full by June 19th and receive week # 8 at no cost.
Pay for 2 weeks of camp at the same time, and pay only \$315.00, not including the One-Time registration
fee or Out of District fee (if applicable).

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, payment #2 due April 16th,
payment # 3 due May 14th, and final payment is due June 19th. 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.

Under no circumstances will there be refunds issued for families who miss days or weeks, cancel or withdraw.

- 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.

**“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 _____