

# TOURNAMENT TRAINING CAMP Summer 2008 · Full-Day Application

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: 7/07 – 7/11      Week #2: 7/14- 7/18      Week #3: 7/21- 7/25      Week #4: 7/28 – 8/01  
Week #5: 8/04 – 8/08      Week #6: 8/11 - 8/15      Week #7: 8/18 - 8/22

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

Number of weeks requested \_\_\_\_\_ X \$275.00 per week = Total amount due \$ \_\_\_\_\_

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

Total amount paid in full \_\_\_\_\_ or Balance due is \$ \_\_\_\_\_ and I select installment payments of 25% deposit due with application, payment #2 due April 18th, payment # 3 due May 9th, and final payment due June 6th. **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. 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 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 \_\_\_\_\_



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[www.sportsmenstennisclub.org](http://www.sportsmenstennisclub.org) (W)

## Summer Camp 2008 · Registration 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. \_\_\_\_\_