

Parent/Guardian Authorization

I understand that fitness/tennis/swimming and other related activities are physically strenuous activities and that it is solely my responsibility to participate in a manner so as not to endanger the health and safety of myself and others. If factors such as age or medical history require medical supervision, I understand that consultation with my physician is required prior to participation. I recognize that injuries may occur and it is not the responsibility of Westboro Tennis and Swim club to guarantee my safety at all times. Further, I voluntarily assume and thereby release Westboro Tennis and Swim Club's officers and employees in the absence of gross negligence, from all risks of personal property damage and/or loss associated with the use of the club.

Child's Name: _____
Parent's Name: _____
Signature: _____
Date: _____

Camp

Members: \$60/day or \$220/4days
Non-Mem: \$80/day or \$300/4 days

Payment

Cash _____ Credit Card _____
Check _____ House Charge _____

Please fill out if paying by credit card

Type _____ # _____

Exp Date _____

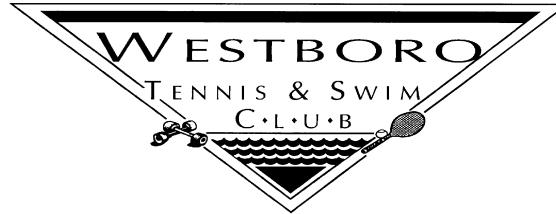
Name _____

Signature _____

Office Use Only	
	Date _____
Method of payment _____	
Amount paid _____	
Staff Initials _____	

Cancellation Policy

Vacation Camp days for which you register and do not cancel 72 hours prior to the starting date will be charged the FULL rate unless the slot can be filled.
There will be no credit due to ABSENCE.
The Full camp rate will be charged for NO SHOWS.



35 Chauncy Street
Westboro, MA 01581
Phone (508) 366-1222
Fax (508) 870-0932
www.the.westboroclub.com



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Westboro Tennis

&

Swim Club

April

Varsity

Tennis Camp

2018

April 17-20
Tuesday-Friday
1-4pm





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About our camp.....

- *ages 13 and up
- *junior varsity/varsity level
- *prep for High School play
- *match play
- *fast paced drills
- *doubles strategy
- *tennis themed fitness

Camp Director

Zach O'Leary

zoleary314@gmail.com

April Vacation Varsity Camp Dates

April 17-20
Tuesday –Friday
1-4 pm

Members

\$60.00 per day
\$220.00 for 4 days

Non-Members

\$80.00 per day
\$300.00 for 4 days



April Vacation Varsity Camp 2018 Registration Form (one per camper please)

Name _____

DOB _____ Male/Female

Address _____

Email _____

Phone _____

Emergency contact

Name _____

Phone _____

Food Allergies: no ____ yes ____
specify _____

Please check all that apply:
____ Member ____ Non Member

Camp Days
____ Tue ____ Wed ____ Thu ____ Fri