



This form must be completed and returned prior to the start of camp.



Westboro Tennis & Swim Club Summer Camp 2019

Camper Emergency/Medical Information

CHILD INFORMATION

Child's Name: _____

Child's age as of June 17, 2019: _____

Date of birth: ____/____/____

Gender: ____ Entering grade: ____ as of Fall 2019

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

Camp Sessions Attending: 1 2 3 4 5 6 7 8 9 10

**EMERGENCY CONTACT INFORMATION
(if parents cannot be reached)**

Contact 1: _____
 Relationship: _____
 Home Phone: _____
 Business Phone: _____
 Cell Phone: _____

Contact 2: _____
 Relationship: _____
 Home Phone: _____
 Business Phone: _____
 Cell Phone: _____

I authorize Westboro Tennis & Swim Club Summer Camp to release my camper to the following persons only:

Name: _____
 Relationship: _____

Name: _____
 Relationship: _____

Name: _____
 Relationship: _____

PARENT/GUARDIAN INFORMATION

Parent 1: _____
 Email: _____
 Home Phone: _____
 Business Phone: _____
 Cell Phone: _____

Parent 2: _____
 Email: _____
 Home Phone: _____
 Business Phone: _____
 Cell Phone: _____

Child Lives with _____

For the protection of my/our camper, I/we understand that Westboro Tennis & Swim Club will not release my/our camper to any individual (other than the parents/guardians) not specified above. If I/we wish to add or delete any of the names above, I/we will notify WTSC Summer Camp in writing.

Parent/Guardian Signature: _____ **Date:** _____

OVER

Please return this form to: Michael Zatsiorsky mz@wtsc.com

fax: 508-870-0932 email: phone: 508-366-1222

YOU MUST SUBMIT A COPY OF YOUR CHILD'S ANNUAL PHYSICAL FORM WITH THIS FORM.

Physician: _____ Phone _____

Insurance Name _____ Policy Holder _____

Policy # _____

Hospital Name _____ Phone _____

1. Is your child taking any medication for an on-going condition? _____

Medication _____ Dosage _____ Condition _____

2. Do you know of any reason that your child would not be able to participate in any camp activities? (If yes, please explain) _____

3. Please indicate if your child has any of the following:

_____ Allergy (Indicate type) _____ EPI PEN? **YES NO**

_____ Bee Sting Allergy EPI PEN? **YES NO**

_____ Orthopedic Problems _____ Emotional/Adjustment Difficulties

_____ Other _____

4. Is there anything happening in your child's life that would affect him/her at camp? (ie. Marriage, divorce, new baby, move, death, etc...)? _____

5. I give WTSC staff permission to apply the following: (Please send these items labeled with child's name)

_____ sunscreen _____ bug repellent Parent/Guardian Signature _____

IMPORTANT: In the event that I am unable to be reached. I authorize the physician/staff at the nearest hospital to treat my child. I authorize the staff of the Westboro Tennis & Swim Club to provide first aid and to make whatever transportation arrangements necessary.

Should your child become a discipline problem that is disruptive to the camp experience for him/her or others the Camp Staff reserves the right to terminate your child's camp experience with no refund. One warning shall be given to both the parents and camper before expulsion.

I have read the Parent/Camper handbook, understand it and have reviewed it with my camper. We agree to abide by the rules for campers and other procedures in the handbook.

I give permission for my child to accompany camp staff to all designate Westboro Tennis & Swim Club facilities including Kids Club and game fields located next to the main clubhouse.

Parent/Guardian

Name _____ **Signature** _____ **Date** _____

