

Summer Camp Registration 2021

Kinder Camp / Sports & Swim Camp

Westboro Tennis & Swim Club | 508.366.1222 | www.thewestboroclub.com | bjohnsen@wtsc.com

Please fill out a registration form for each camper. One camper per form.

Camper Name: _____ Gender: _____ Date of Birth: ___/___/___ Age: ___ Grade in Fall 2021: _____

Address: _____ Town: _____ State: _____ Zip: _____

Child lives with: _____

Parent 1 Name: _____ Cell #: _____ Work #: _____

Please Circle One

Parent 2 Name: _____ Cell #: _____ Work #: _____

Is Camper: Member or Non-Member

Email: _____

Is Parent: Member or Non-Member

Please provide 2 Emergency Contacts (other than a parent).

1. Name: _____ Relationship: _____ Cell #: _____

Contact may pick up camper? **YES or NO**

2. Name: _____ Relationship: _____ Cell #: _____

3. Contact may pick up camper? **YES or NO**

YOU MUST SUBMIT A COPY OF YOUR CHILD'S ANNUAL PHYSICAL FORM AND UPDATE VACCINATIONS WITH THIS FORM

Health Insurance Company _____ Policy #: _____

Name of Child's Physician: _____ Phone #: _____

Please give us any information about your child that we need to know (such as: health issues, behavioral issues, accommodations needed, and activity and dietary restrictions and/or allergies).

Is your child taking any medications for an on-going condition? _____

Medication: _____ Dosage: _____ Condition: _____

Will they need to take this at Camp? _____ (if yes, please fill out a medication administration authorization form)

All campers will re-apply sunscreen after swimming, when outdoors. Campers will provide their own sunscreen. Camp Staff shall use verbal directions and assist when necessary to help camper re-apply sunscreen. Parent Initials: _____

IMPORTANT – This box must be SIGNED for attendance.

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 Westboro Tennis & Swim Club to provide first aid and to make whatever transportation arrangements are 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 the camper before expulsion. I also hereby release and indemnify Westboro Tennis & Swim Club for any damages or injuries, resulting in the normal course of activities of the camp, or activities my child participates in while at the Club.

Parent/Guardian Name _____ Signature _____

Date: _____

Flip Over 

Pre-Camp dates will be posted in early Spring 2021. Please check our website for updates. Please check ALL session dates that your child will attend.

<u>Kinder Camp Fees</u>		<u>Sports & Swim Camp Fees</u>	
Member	Non-Member	Member	Non-Member
<input type="checkbox"/> Full Day: \$425	<input type="checkbox"/> Full Day: \$525	<input type="checkbox"/> Full Day: \$370	<input type="checkbox"/> Full Day: \$470
<input type="checkbox"/> Half Day: \$260	<input type="checkbox"/> Half Day: \$310	<input type="checkbox"/> Half Day: \$210	<input type="checkbox"/> Half Day: \$260
<u>Session Dates – Kinder Camp</u>		<u>Session Dates – Sports & Swim Camp</u>	
<input type="checkbox"/> Session 1 June 21-25	<input type="checkbox"/> Session 2 June 28-July 2	<input type="checkbox"/> Session 1 June 21-25	<input type="checkbox"/> Session 2 June 28-July 2
<input type="checkbox"/> Session 3 July 5-July 9	<input type="checkbox"/> Session 4 July 12-16	<input type="checkbox"/> Session 3 July 5-July 9	<input type="checkbox"/> Session 4 July 12-16
<input type="checkbox"/> Session 5 July 19-July 23	<input type="checkbox"/> Session 6 July 26-July 30	<input type="checkbox"/> Session 5 July 19-July 23	<input type="checkbox"/> Session 6 July 26-July 30
<input type="checkbox"/> Session 7 August 2-August 6	<input type="checkbox"/> Session 8 August 9-August 13	<input type="checkbox"/> Session 7 August 2-August 6	<input type="checkbox"/> Session 8 August 9-August 13

<u>Post Camp / Charge per Day</u>		<u>Post Camp / Charge per Week</u>	
Member	Non-Member	Member	Non-Member
Full Day: \$85 <input type="checkbox"/>	Full Day: \$105 <input type="checkbox"/>	Full Day per Week: \$385 <input type="checkbox"/>	Full Day per Week: \$485 <input type="checkbox"/>
Half Day: \$45 <input type="checkbox"/>	Half Day: \$55 <input type="checkbox"/>	Half Day per Week: \$225 <input type="checkbox"/>	Half Day per Week: \$275 <input type="checkbox"/>

<u>CIT – Counselor In Training Program</u>	
Member Rate: \$415 <input type="checkbox"/>	Non-Member Rate: \$515 <input type="checkbox"/>
Session A July 5 – July 16 <input type="checkbox"/>	Session B: July 19 – July 30 <input type="checkbox"/>

Please choose the following day(s) and if you want FULL or HALF day:

8/16 – Monday Half: <input type="checkbox"/> Full: <input type="checkbox"/>	8/17 - Tuesday Half: <input type="checkbox"/> Full: <input type="checkbox"/>	8/18 - Wednesday Half: <input type="checkbox"/> Full: <input type="checkbox"/>	8/19 - Thursday Half: <input type="checkbox"/> Full: <input type="checkbox"/>	8/20 - Friday Half: <input type="checkbox"/> Full: <input type="checkbox"/>
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Payment Information

Payment made by: ___ Check ___ Credit Card ___ House Account (members only)

Payment for: _____ Balance _____ Extended Day (please check)

If paying by credit card, please fill out the following information:

Card # _____ Exp: _____ Name on Card: _____

Signature _____ Date _____

*if camper is a NON-MEMBER, this payment information will be used for any additional accrued charges if another form of payment is not provided in the completed camper paperwork.

Parent/Guardian Enrollment Agreement
Signature indicates I/we have read and understand the following policies.

- *I/we have enclosed full payment for each session enrolled. \$100 for full day and \$50 for 1/2 day camp is nonrefundable if the session is cancelled by the participant.
- *I/we understand also that our camper may not attend camp if there is still an outstanding balance. *Beginning May 1, 2021, a 1.5 percent finance charge will go into effect on all outstanding balances.
- *After May 1, 2021, full tuition must accompany all registrations.
- *I/we understand that there is a \$25.00 fee for checks returned by the bank.
- *Children's safety is essential. Campers with special physical or sensory needs may be enrolled only after consultation with the Camp Director. I/we understand it is our responsibility to advise the Director of any special concerns about our child at the time of registration.
- *I/we grant Westboro Tennis & Swim Club permission for our child's photo to appear in club/camp brochures, videos, or other promotional literature.
- *A copy of an updated physical exam and immunization record (completed within 12 months of 6/1/21) is required and must be on file at Westboro Tennis & Swim Club PRIOR to the first day of camp.
- Withdrawals/Dismissals: I/we understand that once our registration is accepted, no refunds will be made for withdrawal, dismissal, failure to attend, failure to remit final payment or incomplete attendance. I/we understand the Director reserves the right to withdraw any camper when in his/her judgment the camper's behavior interferes with the rights and safety of others, the smooth functioning of the group or activity, or violates the Camper's Code of Conduct.**

Signature of Parent/Guardian _____ Date _____

Extended Day Reservation Form 2021



Westboro Tennis & Swim Club Summer Camp
Kinder Camp / Sports & Swim Camp



Camper Name: _____ Age: _____

Parent Name: _____ Phone Number: _____

Extended Day AM | Morning Session: Drop off between 7:30-8:45am
\$12/Member | \$15/Non-Member

Extended Day PM | Afternoon Session: Pick up between 4:15pm-6:00pm
\$15/Member | \$17/Non-Member
Please Check ALL that apply.

Session	Mon		Tues		Wed		Thurs		Fri	
1: June 21 - June 25	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
2: June 28 - July 2	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
3: July 5 - July 9	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
4: July 12 - July 16	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
5: July 19 - July 23	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
6: July 26 - July 30	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
7: August 2 - August 6	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
8: August 9 - August 13	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Post Camp										

You will be charged weekly for extended day and you will only be charged for days that your child attends.

Payment information MUST be provided to participate in our extended day services.

Payment Method:

House Charge (members only): _____ Credit Card: _____ Checking Account: _____

Credit Card Information:

Card Number: _____ Exp: _____ CVC: _____

Name on Card: _____ Signature: _____ Date: _____

Checking Account Information:

Bank Routing #: _____ Name of Account Holder: _____

Checking Account #: _____ Bank Name: _____