



**SUMMER CAMP REGISTRATION AND CAMPER EMERGENCY FORM**  
**2023 WESTBORO TENNIS & SWIM CLUB SUMMER CAMP**

**KINDER CAMP/ SPORTS & SWIM CAMP/ CIT**

WESTBORO TENNIS & SWIM CLUB | 508-366-1222 | WTSC.COM

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

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Child Lives With: \_\_\_\_\_  
 Parent 1 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Parent 2 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Is Camper - member or non-member? Is Parent - member or non-member?

**Please provide 2 Emergency Contacts (other than parent)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Contact may pick up camper? (circle one): YES or NO  
 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Contact may pick up camper? (circle one): YES or NO

**YOU MUST SUBMIT A COPY OF YOUR CHILD'S ANNUAL PHYSICAL FORM AND UPDATED 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, activity or diet restrictions 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: \_\_\_\_\_



**Payment Information**

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

Payment for: \_\_\_\_\_ Balance \_\_\_\_\_ Extended Day (please check)

**2023**



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

Credit/Debit Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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.*

**PLEASE CHECK CAMP AND ALL SESSION DATES THAT YOUR CHILD WILL ATTEND**

<p><b>Kinder Camp</b></p> <p>Member:  <input type="checkbox"/> Full Day (9am-4pm): \$472  <input type="checkbox"/> Half Day (9am-1pm): \$295</p> <p>Non Member:  <input type="checkbox"/> Full Day (9am-4pm): \$572  <input type="checkbox"/> Half Day (9am-1pm): \$345</p>	<input type="checkbox"/> Session 1: (6/19-6/23) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 2 (6/26-6/30) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 3 (7/3-7/7) (4 day wk prorated) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 4 (7/10-7/14) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day
	<input type="checkbox"/> Session 5 (7/17-7/21) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 6 (7/24-7/28) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 7 (7/31-8/4) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 8 (8/7-8/11) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day
<p><b>Sports and Swim Camp</b></p> <p>Member:  <input type="checkbox"/> Full Day (9am-4pm): \$415  <input type="checkbox"/> Half Day (9am-1pm): \$235</p> <p>Non Member:  <input type="checkbox"/> Full Day (9am-4pm): \$515  <input type="checkbox"/> Half Day (9am-1pm): \$285</p>	<input type="checkbox"/> Session 1: (6/19-6/23) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 2 (6/26-6/30) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 3 (7/3-7/7) (4 day wk prorated) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Session 4 (7/10-7/14) Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day
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<p><b>Post Camp</b></p> <p>Member per Day:                  \$95 Full Day; \$55 Half Day                  Member per Week:                  \$425 Full day; \$265 Half Day</p> <p>Non Member per Day:                  \$125 Full day; \$70 Half Day                  Non Member per Week:                  \$525 Full Day; \$315 Half Day</p>	Monday - August 14 Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	Tuesday - August 15 Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	Friday - August 18 Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
	Wednesday - August 16 Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	Thursday - August 17 Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
<p><b>C.I.T. Program</b></p> <p>2 week program</p> <p><input type="checkbox"/> Member \$450  <input type="checkbox"/> Non Member \$550</p>	<input type="checkbox"/> Session A July 10- July 21, 2023		<input type="checkbox"/> Session B July 24 - August 4, 2023	

**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, 2023, a 1.5 percent finance charge will go into effect on all outstanding balances.*

*\*After May 1, 2023, 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 6/1/23) 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 2023

WESTBORO TENNIS & SWIM CLUB SUMMER CAMP - KINDER CAMP / SPORTS & SWIM

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Extended Day AM

**\$12/member \$15/non-member - flat rate**

Morning Session: drop-off between 7:30-8:30 a.m.

Please check all that apply.

SESSION	MON	TUES	WED	THURS	FRI
(1) 6/19-6/23					
(2) 6/26-6/30					
(3) 7/3-7/7		7/4 No Camp			
(4) 7/10-7/14					
(5) 7/17-7/21					
(6) 7/24-7/28					
(7) 7/31-8/4					
(8) 8/7-8/11					
POST CAMP					

### Extended Day PM

**\$15/member \$17/non-member per hour**

Afternoon Session: pick up between 4:15-6:00 p.m.

Please check all that apply.

SESSION	MON	TUES	WED	THURS	FRI
(1) 6/19-6/23					
(2) 6/26-6/30					
(3) 7/3-7/7		7/4 No Camp			
(4) 7/10-7/14					
(5) 7/17-7/21					
(6) 7/24-7/28					
(7) 7/31-8/4					
(8) 8/7-8/11					
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 # \_\_\_\_\_ exp \_\_\_\_\_ / \_\_\_\_\_ CIV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Checking Account Information:

Bank Routing # \_\_\_\_\_ Bank Name \_\_\_\_\_

Checking Account # \_\_\_\_\_





# 2023 AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER

(COMPLETED BY PARENT/GUARDIAN)

## CAMPER AND PARENT/GUARDIAN INFORMATION

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Food/Drug Allergies: \_\_\_\_\_

Diagnosis (at parent/guardian discretion): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

## LICENSED PRESCRIBER INFORMATION

Name of Licensed Prescriber: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## MEDICATION INFORMATION 1

Name of Medication: \_\_\_\_\_

Dose given at camp: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration Date of Medication Received: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Special Directions (e.g., on empty stomach/with water): \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications (at parent/guardian discretion): \_\_\_\_\_

Location where medication administration will occur: \_\_\_\_\_

## MEDICATION INFORMATION 2

Name of Medication: \_\_\_\_\_

Dose given at camp: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration Date of Medication Received: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Special Directions (e.g., on empty stomach/with water): \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications (at parent/guardian discretion): \_\_\_\_\_

Location where medication administration will occur: \_\_\_\_\_

**2023 - AUTHORIZATION INFORMATION**

I hereby authorize the health care consultant or properly trained health care supervisor at \_\_\_\_\_  
*(name of camp)*  
to administer, to my child, \_\_\_\_\_  
*(name of camper)* the medication(s) listed above, in accordance with 105 CMR  
430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant:  Yes  No  Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to  
administer:  Yes  No  Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer , with approval of the health care consultant  Yes  No  Not Applicable

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Health Care Consultant at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. Health Care Supervisor is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.**