

Please return this form to: Michael Zatsiorsky mz@wtsc.com or Cassy Waung cassywaung12@gmail.com

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** _____