



SUMMER CAMP REGISTRATION AND CAMPER EMERGENCY FORM 2024 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 2024 _____

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)

2024



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>Kinder Camp</p> <p>Member: <input type="checkbox"/> Full Day (9am-4pm): \$495 <input type="checkbox"/> Half Day (9am-1pm): \$310</p> <p>Non Member: <input type="checkbox"/> Full Day (9am-4pm): \$595 <input type="checkbox"/> Half Day (9am-1pm): \$360</p>	<p>Session 1 (6/17-6/21) Pre-Camp Sign up per day <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 2 (6/24-6/28)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 3 (7/1-7/5) (4 day wk prorated)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 4 (7/8-7/12)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>												
	<p><input type="checkbox"/> Session 5 (7/15-7/19)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 6 (7/22-7/26)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 7 (7/29-8/2)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 8 (8/5-8/9)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>												
<p>Post-Camp: Session 9</p>	<p>Session 9 (8/12-8/16) Post-Camp Sign up per day <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p>Pre/Post Camp Pricing:</p> <table border="0"> <tr> <td>Member Per Day:</td> <td>Full Day: \$95</td> <td>Non-Member Per Day:</td> <td>Full Day: \$125</td> </tr> <tr> <td></td> <td>Half Day: \$55</td> <td></td> <td>Half Day: \$70</td> </tr> <tr> <td>Member Per Week:</td> <td>\$425 Full Day, \$265 Half Day</td> <td>Non-Member Per Week:</td> <td>\$525 Full Day, \$315 Half Day</td> </tr> </table>			Member Per Day:	Full Day: \$95	Non-Member Per Day:	Full Day: \$125		Half Day: \$55		Half Day: \$70	Member Per Week:	\$425 Full Day, \$265 Half Day	Non-Member Per Week:	\$525 Full Day, \$315 Half Day
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<p>Sports and Swim Camp</p> <p>Member: <input type="checkbox"/> Full Day (9am-4pm): \$435 <input type="checkbox"/> Half Day (9am-1pm): \$245</p> <p>Non Member: <input type="checkbox"/> Full Day (9am-4pm): \$535 <input type="checkbox"/> Half Day (9am-1pm): \$295</p>	<p>Session 1 (6/17-6/21) Pre-Camp Sign up per day <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 2 (6/24-6/28)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 3 (7/1-7/5) (4 day wk prorated)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>	<p><input type="checkbox"/> Session 4 (7/8-7/12)</p> <p>Please select one: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day</p>												
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<p>C.I.T. Program 2 week program</p> <p><input type="checkbox"/> Member \$450 <input type="checkbox"/> Non Member \$550</p>	<table border="0"> <tr> <td>Session A <input type="checkbox"/></td> <td>Session B <input type="checkbox"/></td> </tr> <tr> <td>July 8- July 19, 2024</td> <td>July 22 - August 2, 2024</td> </tr> </table>				Session A <input type="checkbox"/>	Session B <input type="checkbox"/>	July 8- July 19, 2024	July 22 - August 2, 2024								
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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, 2024, a 1.5 percent finance charge will go into effect on all outstanding balances.*

**After May 1, 2024, 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 6/1/24) 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 2024

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) 6/17-6/21					
(2) 6/24-6/28					
(3) 7/1-7/5				7/4 No Camp	
(4) 7/8-7/12					
(5) 7/15-7/19					
(6) 7/22-7/26					
(7) 7/29-8/2					
(8) 8/5-8/9					
(9) 8/12-8/16					

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) 6/17-6/21					
(2) 6/24-6/28					
(3) 7/1-7/5				7/4 No Camp	
(4) 7/8-7/12					
(5) 7/15-7/19					
(6) 7/22-7/26					
(7) 7/29-8/2					
(8) 8/5-8/9					
(9) 8/12-8/16					

****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 # _____





2024 AUTHORIZATION TO ADMINISTER MEDICATION TO CAMPER

(COMPLETED BY PARENT/GUARDIAN; ONLY IF MEDICATION IS NEEDED AT CAMP)

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.**