

## Easton Racquet Club Summer Camp

### Enrollment Form:

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age entering camp. \_\_\_\_\_ Grade entering in Sept. \_\_\_\_\_

Parent # 1 \_\_\_\_\_ Parent # 2 \_\_\_\_\_

Home Address \_\_\_\_\_ Home address \_\_\_\_\_

Please Check Which Phone Number You Would Like Used As Primary Contact Number

\_\_\_\_ Home Phone # ( \_\_\_\_ ) \_\_\_\_\_ Home Phone # ( \_\_\_\_ ) \_\_\_\_\_

\_\_\_\_ Cell Phone # ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone # ( \_\_\_\_ ) \_\_\_\_\_

\_\_\_\_ Work Phone # ( \_\_\_\_ ) \_\_\_\_\_ Work Phone # ( \_\_\_\_ ) \_\_\_\_\_

Parent/Guardian E-Mail Address \_\_\_\_\_ (camp info will be sent via e-mail)

If a parent cannot be reached, give the name and relationship of the person to be called in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # ( \_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_ ) \_\_\_\_\_

Does your child require special accommodations (social, behavioral, medicine)? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_. If so, an Individual Plan of Care for a Child and an authorization of medication form must be provided the week before the start of camp.

### ➤ Week Selection and Camp Fee Calculation

|             |   |                     | Check (x) week attending |
|-------------|---|---------------------|--------------------------|
| Week        | 1 | Jun 22 thru Jun 26  |                          |
| Week        | 2 | Jun 29 thru Jul 3   |                          |
| Week        | 3 | July 6 thru July 10 |                          |
| Week        | 4 | Jul 13 thru Jul 17  |                          |
| Week        | 5 | Jul 20 thru Jul 24  |                          |
| Week        | 6 | Jul 27 thru Jul 31  |                          |
|             |   |                     |                          |
|             |   |                     |                          |
|             |   |                     |                          |
|             |   |                     |                          |
|             |   |                     |                          |
| Total Weeks |   |                     |                          |

**Payment: (lunch & snacks not included)**

- Member Camp Fee Calculation
  - Total # of Weeks \_\_\_\_\_ X \$500 = \_\_\_\_\_
  
- Non-Member Camp Fee Calculation
  - Total # of Weeks \_\_\_\_\_ X \$550 = \_\_\_\_\_
  
- **A check for the total camp fee amount must be sent along with the registration materials.**
  
- **Make the check out to: Easton Racquet Club Summer Camp**

**Authorization and Waiver of Liability Form:**

**Parent/Guardian Permission and Waiver of Liability:** I hereby give permission for my child to participate in all activities that are part of the camp program. I understand there are risks associated with camp activities and programs in which my child is a participant. I understand that the Easton Racquet Club (ERC) is a non-profit membership organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage, unless attributable to ERC's gross negligence. Therefore, in exchange for acceptance of the child in the Easton Racquet Club Kids Tennis Camp, I release, on behalf of the child, myself and members of the child's family, the ERC, its officers, directors, members, employees and volunteers from all claims of damage or loss (including but not limited to personal injury and property damage) that may occur as a result of my child's participation in any ERC-sponsored program or activity. I understand that I am responsible for all charges for medical treatment and/or property damage. I acknowledge that participation in ERC-sponsored activities is conditional upon compliance with all applicable rules and policies established by the ERC. I also grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes without further consideration.

**Authorization for Medical Attention:** I give permission for the ERC's Certified First-Aid staff to treat my child, if needed. I authorize the camp staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

**Concussion Information:** I have read the CDC Concussion Fact Sheet and will talk to my child about the information. (<http://www.cdc.gov/headsup/>)

**Sunscreen/Bug Spray Release:** I hereby give permission for the ERC to apply sunscreen and/or bug spray to my child. I will supply sunscreen and/or bug spray for my child as

well as apply to my child every morning. The ERC is NOT responsible for lost or stolen bottles of sunscreen/bug spray (please label containers).

**Guardian Authorization:** To ensure the well-being of all our campers and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The ERC requires photo I.D. to release any child to an authorized pick-up person listed on this form. I authorize the Easton Racquet Club to release my child to the custody of the following people other than me:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand the financial requirements, registration process, payment obligations and deadlines for the Easton Racquet Club Summer Camp. I have read the above and agree to the terms and conditions.

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