



(781)-391-EDGE
www.summersedgedaycamp.com

PLEASE NOTE: Camp is in session Monday through Friday 9:00 a.m. to 3:30 p.m. Camp is not in session on the 5th of July. PAYMENTS ARE NONREFUNDABLE AND NONTRANSFERABLE. The registration fee of \$200.00 is deducted from the total camp tuition. Campers registering after May 1, 2010 are required to pay the total tuition and a \$35.00 late fee. There is a \$35.00 charge for changing a camper's reservation after March 1, 2010. Returned checks are subject to a \$25.00 service fee. Applications are reviewed by the Camp Director and are accepted at her discretion.

2010 CAMPER APPLICATION

Camper's Name _____		Nickname _____	Home Phone Number _____
Male or Female _____	Date of Birth _____	Age in Yrs. & Mos. a/o 6/1/10 _____	Grade & School Next Fall, Sept. 2010
Home Address _____			<input type="checkbox"/> Yes, I will download the medical & release form from web site
City, State, and Zip Code _____			<input type="checkbox"/> No, please mail me the above forms
Parent/Guardian's (P/G) Name _____	P/G's Work/Day Phone _____	P/G's Cell Phone _____	
Parent/Guardian's (P/G) Name _____	P/G's Work/Day Phone _____	P/G's Cell Phone _____	
Email address _____ <input type="checkbox"/> Yes, I would like to receive mail electronically			
Emergency Contact Person _____	Emergency Contact's Work Phone _____	Emergency Contact's Cell Phone _____	

DAY CAMP SESSIONS & TUITION (for campers ages 3 1/2 to 14)

- | | |
|---|--|
| <input type="radio"/> Season June 28- August 20 \$3080 | <input type="radio"/> 1st 2 Week Session June 28 - July 9 \$1140 |
| <input type="radio"/> 1st 6 Week Session June 28 - August 6 \$2920 | <input type="radio"/> 2nd 2 Week Session July 12 - July 23 \$1140 |
| <input type="radio"/> 2nd 6 Week Session July 12 - August 20 \$2920 | <input type="radio"/> 3rd 2 Week Session July 26 - August 6 \$1140 |
| <input type="radio"/> 1st 4 Week Session June 28 - July 23 \$2150 | <input type="radio"/> 4th 2 Week Session August 9 - August 20 \$1140 |
| <input type="radio"/> 2nd 4 Week Session July 26 - August 20 \$2150 | There is a 10% discount for each additional day camper from the same family |

SWING & SWIM® TENNIS SCHOOL PROGRAM (for youth ages 6 to 14)

____ FULL DAY PROGRAM 9:00 am - 3:30 pm \$450.00	Day Service 9:00 am - 12:15 pm (only) \$50.00 per day
____ HALF DAY PROGRAM 9:00 am - 12:15 pm \$225.00	Please list the date(s) between 6/28 & 8/6, except 7/5/10
<input type="radio"/> June 28 - July 2 <input type="radio"/> July 19 - July 23	_____
<input type="radio"/> July 6 - July 9 *prorated <input type="radio"/> July 26 - July 30	_____
<input type="radio"/> July 12 - July 16 <input type="radio"/> August 2 - August 6	_____

Extended Day Services

Campers who arrive **prior to 8:50 a.m.** and depart **after 3:30 p.m.** must register for this program:

- | | | |
|---|--|--|
| <input type="radio"/> Full Service 7:45 a.m. to 5:30 p.m.
\$110.00 per week per camper | <input type="radio"/> Early Morning Service 7:45 a.m.
\$40.00 per week per camper | <input type="radio"/> Afternoon Service until 5:30 p.m.
\$90.00 per week per camper |
|---|--|--|

Important - This portion must be completed for attendance

Camper's physical forms are due no later than May 1, 2010 a camper may not attend camp unless the physical form is on file by May 1, 2010.

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the camp/tennis school to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp/tennis school to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp/tennis school to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian _____

Date _____

Important information on other side



Camper/Tennis Player Information to be completed by a parent/guardian

1. In what area(s) would you like your child to further develop during his/her stay at camp/tennis school?

2. What are your child's favorite activities?

3. Is your child comfortable in the water? _____

If yes, has he/she passed any of the American Red Cross Course Levels?
 Level I Level II Level III Level IV Level V
 Level VI Fitness Swimmer Level VI Life Guard Readiness Level VI Personal Water Safety
Where were the course(s) taken? _____
4. Does your child have any previous camp/tennis experience? _____
If yes, where and when? _____
5. How easily does your child make friends?

6. In what areas does your child lack confidence?

7. Please list any activities in which your child may not want to participate or fears.

8. How did you hear about Summer's Edge Day Camp? _____
9. Please feel free to add any additional information that will help us ensure a positive camp/tennis experience for your child.

10. How many summers has your camper attended Summer's Edge Day Camp/Tennis School? _____
11. Complimentary T-Shirt for campers that have completed medical/dismissal forms on file and tuition paid in full by May 1st, 2010. Please specify youth or adult, and size: _____

Important -This portion requires a parent/guardian signature

Do you give Summer's Edge Day Camp permission to use your camper's photo (we do not use names of campers) in the camp's marketing information and other advertisement items? yes or no

ASSUMPTION OF RISK

I understand that part of the camping experience involves activities, interactions, and group living arrangements (Adventure Week) that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and my child and I both agree that he or she is familiar with these rules and will obey them.

JURISDICTIONAL CLAUSE

It is agreed that any dispute or cause of action arising between parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in the Middlesex County of Massachusetts, and shall be construed in accordance with the laws of Massachusetts.

Signature of Parent/Guardian _____ Date _____

**Thank you for taking the time to complete this application form.
Please mail it to Summer's Edge Inc. Central Office 342 Main Street Medford, MA 02155-6158
Applications are accepted in the order by which they are received by postmark date.**

