



DHAC Tennis Camp 2012

Full & Half Day Program

200 Providence Highway, Dedham, MA 02026 781-326-2900 fax: 781-329-1629

REGISTRATION FORM

Please Print & Complete All

Camper's Name _____ DOB ____/____/____ Male Female

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Indoor DHAC Family Member # _____

Parents Name _____ Grade Attending Sept 2012 _____ E-mail _____

How did you *first* hear about us? Internet Camp Fair Friend Other? Where? _____

2012 Tennis Camp

\$100 NON-REFUNDABLE DEPOSIT IS NEEDED FOR EACH WEEK RESERVED.

*****DEPOSITS WILL NOT BE ACCEPTED WITHOUT CREDIT CARD INFORMATION OR A VOIDED CHECK AND EFT Authorization Signed*****

2011 Rates & Discounts					
	1 Week	2—3 Weeks	4—7 weeks	8—12 weeks	Discounts
Full Day Rates 9am-4pm	\$624.00/week	\$589.00/week	\$559.00/week	\$539.00/week	DHAC Family members \$25/off per week
Half Day Rates 9am-1pm	\$374.00/week	\$354.00/week	\$334.00/week	\$324.00/week	5% off Lowest Priced Sibling registration
Flexi Day: Daily Rate to extend 1pm-4pm *Must be added to half day.				\$65/day	

Discounts will be given only if all weeks are reserved at the same time
Please check each week and write in amount

**Week of July 4th is pro-rated, no camp on Wed. July 4th

Week	1	2	3	4	5	6	7	8	9	10	11	12
Week of	6/11	6/18	6/25	7/2**	7/9	7/16	7/23	7/30	8/6	8/13	8/20	8/27
Full Day 9am-4pm				**								
Half Day 9am-1pm				**								
Amount												

*Flexi Day Registration is located on the next page

Payment information and EFT authorization must be completed for registration to be processed. See reverse side.





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2012

Camp Payment Information

Total Due: \$ _____ Deposit: \$ _____ Balance: \$ _____ (Autom yment April 20th)

I, (PRINT NAME) _____ authorize my bank to make payment directly to
Dedham Health & Athletic Complex by the method indicated below and post it to my account.

- I understand that I am in full control of my payment, and that if any time I decide to discontinue the EFT service, I will notify the club immediately.
- I also understand that discontinuing the EFT service does not relieve me of my obligation to the club.

___ VISA ___ MC ___ AMX ___ CHECKING (ATTACH A VOIDED CHECK)

**Fill Out For
Automatic
Balance
Payment or
Pay In Full**

ACCOUNT # _____ Exp Date ____/____

Date: _____ Customer Signature: _____

Camp Policies

1. All charges must be paid (1)in full or (2)with a Non-Refundable deposit of \$100/week.
2. Deposits WILL NOT BE ACCEPTED without credit card information or a voided check and authorization signed. All balances will be drafted on April 20th. All camp payments must be in full after April 20th.
3. All medical forms must be completed and returned to Camp by May 1st.
4. Proof of insurance must be provided before admittance on the first day of camp.
5. Children may not attend Camp until the properly completed forms and all payments have been received.
6. Any changes in weeks registered for Camp after May 1st will incur a \$25.00 charge.
7. No refunds will be given for cancellations after April 20th.
8. I authorize DHAC to make, have, use, publish, and reproduce photographs, slides, motion pictures, and/or video tapes of the Campers for it's records and public relations programs.
9. The Camp/The Summer Club and Dedham Health & Athletic Complex are not responsible for lost or stolen items.
10. The camp's staff hiring procedures, health care procedures and discipline policy are available for parent to review as well as procedures for filing grievance.
11. Campers MUST be a minimum of 42 inches tall to use the large waterslides.

INFORMED CONSENT

I, the undersigned, allow my child to participate in the exercise and recreational programs offered by the camp. I understand that there are inherent risk in participating in a program of strenuous exercise. I warrant and represent that my child has been physically examined by a medical physician of my choice within one (1) year last past of the date signed here and to the best of my knowledge is able to participate in this program without restrictions. If restrictions exist, I will provide in writing, an outline of those restrictions as stated by my medical practitioner. I also agree to notify the camp of any change in my child's physical condition which may in any way affect his/her ability to participate in camp programs.

I agree that the camp shall not be liable or responsible for any injuries which may be suffered while participating in any sport or while otherwise utilizing the facilities of the camp including aerobatics classes, basketball court, track, swimming pool, spa, racquetball, tennis courts, the rock climbing wall as well as the locker room facilities. I expressly release and discharge the camp, DHAC, Etm corp., Dta and its employees, agents and assigns, from all claims, actions and judgments which I or my heirs, executors, administrators of assigns may have against the camp and/or its employees, agents or assigns for all injuries or other damage which may occur in connection with my child's participation in these programs. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read this release and agreement and I understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

I HAVE READ AND UNDERSTAND THE ABOVE

Parent's Signature: _____

Print Name: _____