

APPLICATION FORM

SEND THE FOLLOWING MATERIALS TO:

Star Camps Inc., PO Box 517, Concord, MA 01742

APPLICATION MEDICAL FORM RELEASE FORM **PAYMENT**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL _____ SCHOOL _____

AGE _____ DATE OF BIRTH (MM/DD/YYYY) _____ ENTERING GRADE _____

- CAMP FEES:**
- ★ A \$50 non-refundable deposit is required for each child per camp.
 - ★ For a camper signing up for 3 weeks there is a \$75 discount. For a camper signing up for all 4 weeks there is a \$ 125 discount.
 - ★ For campers signing up before March 31st, there is a \$50 discount for each week of camp.
 - ★ Balance is due the first day of camp. Checks can be made payable to Star Camps.
 - ★ **FULL-DAY: \$400 HALF-DAY: \$300**

Please check off the camps you wish to attend.

Week 1: June 26-30

Multi Sport

A.M. Full Day

Soccer

Boys A.M. Full Day

Girls A.M. Full Day

Week 2: July 10-14

Multi Sport

A.M. Full Day

Soccer

Boys A.M. Full Day

Girls A.M. Full Day

Volleyball

A.M. Full Day

Basketball

Boys A.M. Full Day

Week 3: July 17-21

Basketball

Boys A.M. Full Day

Girls A.M. Full Day

Baseball

A.M. Full Day

Lacrosse

Boys A.M. Full Day

Field Hockey

A.M. Full Day

Week 4: July 24-28

Multi Sport

A.M. Full Day

Baseball

A.M. Full Day

Softball

A.M. Full Day

Lacrosse

Boys A.M. Full Day

Girls A.M. Full Day

RELEASE FORM

STATEMENT OF RESPONSIBILITY - PLEASE READ

- I understand my child may not attend Star Camps unless a complete physician's exam, including immunization record, is received.
- I understand that once an application is accepted by Star Camps, no refunds or transfer of funds will be made for withdrawal, dismissal, failure to attend, or incomplete attendance.
- I understand the Camp Director reserves the right to dismiss a camper when, in his judgement, the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct.
- I authorize Star Camps to have, use, publish, and reproduce photographs, slides, moving pictures, or videotape of my child for its records or public relations efforts.
- I understand and accept the condition that neither Star Camps, Inc., nor anyone associated with Star Camps, Inc., will assume responsibility for accidents and medical or dental expenses incurred as a result of the participation in this program. The applicant is in good health and able to participate in physical activity of a rigorous nature. In the event of injury or illness, Star Camps, Inc., has my permission to provide medical care.

I HAVE COMPLETED BOTH PAGES OF THIS FORM

I HAVE ENCLOSED A \$50 NON-REFUNDABLE DEPOSIT. PLEASE MAKE CHECKS PAYABLE TO **STAR CAMPS**

I HAVE READ AND AGREE TO THE STATEMENT OF RESPONSIBILITY

Parent/Guardian Signature _____ Date _____

In addition to this form, you must attach a report of your child's annual physical and immunizations dated within the past year and signed by the pediatrician. Massachusetts State Law requires a physical for each camper.

PRESCRIBED MEDICATION AUTHORIZATION

MEDICATION AUTHORIZED _____

I ALLOW SUNSCREEN TO BE APPLIED TO MY CHILD _____

PARENT'S SIGNATURE _____ DATE _____

HOW DID YOU HEAR ABOUT STAR CAMPS?

NEWSPAPER AD INTERNET AD WORD OF MOUTH

IF WORD OF MOUTH, WHO? _____

OTHER: _____