

# 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 25-29**

### **Multi Sport**

A.M.    Full Day

### **Soccer**

Boys  A.M.    Full Day

Girls  A.M.    Full Day

## **Week 2: July 9-13**

### **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 16-20**

### **Basketball**

Boys  A.M.    Full Day

Girls  A.M.    Full Day

### **Baseball**

A.M.    Full Day

### **Multi Sport**

Boys  A.M.    Full Day

### **Field Hockey**

A.M.    Full Day

## **Week 4: July 23-27**

### **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: \_\_\_\_\_