

School Vacation Camp

at Dedham Health & Athletic Complex

2019-2020

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

REGISTRATION FORM

Please Print

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

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____ Indoor DHAC Family Member # _____

Parents Name _____ Contact Phone # _____

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

December

February

April

Programs	Rates	12/26	12/27	12/30	2/17	2/18	2/19	2/20	2/21	4/20	4/21	4/22	4/23	4/24
Vacation Escape 9am-4pm	Member: \$125/day Non-Member : \$150/day													
Extended Day Early Session 7:30-9am	\$15/day													
Extended Day Late Session 4:00-5:30pm	\$15/day													

Total Number of Days (9am-4pm) _____ x \$ _____ = Total Amount _____
(Camper is a member \$125 / Camper is a non-member \$150)

Total Number of Ext. Sessions _____ x \$15 = _____ = Total Ext Day Amount _____

Grand Total: _____

Payment

Cash Check # _____ MC Visa AMEX _____ exp ____/____

Signature _____ CID/CVV _____ Date _____

INFORMED CONSENT- I, the undersigned, allow my child to participate in the exercise and recreational programs offered by DHAC. 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 DHAC of any change in my child's physical condition which may in any way affect his/her ability to participate in DHAC KIDS' programs. I agree that DHAC 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 DHAC including aerobatics classes, basketball court, swimming pool, racquetball, tennis courts, the rock climbing wall as well as the locker room facilities. I expressly release and discharge 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 DHAC 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

Signature _____ Date _____

School Vacation Camp

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2017-2018

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REGISTRATION FORM

Before attending Vacation Escape you must:

- Pay all camp fees in full
- Provide the camp with a current (within 1 year) record of physical
- Provide the camp with an immunization record from child's physician
- Provide the camp with proof of insurance and completed
- All required records must be submitted at least 48 hours in advance

Camp Policies

Children may not attend Camp until the properly completed forms and all payments have been received.

No refunds on Camp fees.

The Vacation Camp/ Dedham Health & Athletic Complex are not responsible for lost or stolen items.

I authorize DHAC to make, have, use, publish, and reproduce photographs, slides, motion pictures, and/or video tapes of the Campers for its records and public relations programs.

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.

I HAVE READ AND UNDERSTAND THE ABOVE

Parent's Signature: _____

Print Name: _____