

Summer Camp Registration 2020

Jr. Tennis Academy Summer Camp

Dedham Health & Athletic Complex 781.326.2900 www.dedhamhealth.com

Please fill out a registration for each camper.

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

Address _____ City _____ State _____ Zip _____

Parent Name _____ Phone _____

Email _____ How did you first hear about the camp? _____

Please print, fill out all information above. Check the boxes below for the weeks you are registering for. Multiple week rates apply to weeks reserved at the same time. Submit completed camper health record with registration. Camp deposits are non-refundable. All camp fees after April 20, 2020 are non-refundable. Registrations will not be processed without payment.

| 2020 Camp Dates | Red Ball Half Day Age 6-7 | Red Ball Full Day Age 6-7 | Orange Ball Full Day Age 8-9 | Green Ball Full Day Age 9-10 | Yellow Ball Full Day Age 11-16 |
|--------------------|------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---|
|--------------------|------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---|

2020 Rates

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| 1 : June 15-19 | | | | | |
| 2 : June 22-26 | | | | | |
| 3 : June 29-July 3 | | | | | |
| 4 : July 6-10 | | | | | |
| 5 : July 13-17 | | | | | |
| 6 : July 20-24 | | | | | |
| 7 : July 27-31 | | | | | |
| 8 : August 3-7 | | | | | |
| 9 : August 10-14 | | | | | |
| 10 : August 17-21 | | | | | |
| 11 : August 24-28 | | | | | |
| Total Amount Due | | | | | |
| Deposit \$100/ week | | | | | |
| Balance Due April 25, 2020 | | | | | |

| | |
|-------------------------|--------------------------------------|
| Register for 1 week | Full Day \$679 |
| | Half Day \$460 Red Ball only |
| Register for 2-6 weeks | Full Day \$599/week |
| | Half Day \$425/week Red Ball Only |
| Register for 7-11 weeks | Full Day \$569/week |
| | Half Day \$395/week Red Ball Only |

DISCOUNTS Check ALL that apply

| | |
|---|--|
| <input type="checkbox"/> Sibling Discount | 5% off additional campers *apply to full or half day camp |
| <input type="checkbox"/> DHAC Family Membership | \$25 off per week *apply to full or half day camp |
| <input type="checkbox"/> Early Bird Special | Last year's rates if reserved before 2/29/20 *apply to full day camp only |
| Staff: | Your weekly rate after discounts: |

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

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Payment Information: Required information for balance payment

Total Due: \$_____ \$100/week Deposit: \$_____ Balance: \$_____ Automatic Payment April 25, 2020

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 ____Discover ____CHECKING (ATTACH A VOIDED CHECK)

ACCOUNT # _____ Exp. Date ____/____ CID _____

Date: _____ Customer Signature: _____

Important 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 for balance payment. All balances will be automatically drafted on April 25, 2020.
3. All camp payments must be in full after April 25, 2020
4. All medical forms and required camp forms must be completed and returned to Camp by May 1, 2020.
5. Proof of insurance must be provided before admittance on the first day of camp.
6. Children may not attend Camp until required forms are completed and all payments have been received.
7. Any changes in weeks registered for Camp after May 1, 2020 will incur a \$25.00 charge.
8. Any changes in camp type will incur a \$100 charge.
9. No refunds for cancellations after April 20, 2020.
10. No refunds/ make ups for camp days missed.
11. I authorize DHAC to make, have, use, publish, and reproduce photographs, slides, motion pictures, and/or video tapes of the Campers for it's advertising, public relations and social media programs.
12. The camp/The Summer Club and Dedham Health & Athletic Complex are not responsible for lost or stolen items.
13. 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.
14. Campers MUST be a minimum of 42 inches tall to use the large waterslides.

Any dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally determined by arbitration in accordance with the rules of the American Arbitration Association, and not by a court action. Member hereby waives any and all right to a jury trial with respect to any dispute, controversy or claim.

I HAVE READ AND UNDERSTAND THE ABOVE

Parent's Signature: _____

Print Name: _____

Witness: _____

Dedham Health & Athletic Complex

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p. 781.326.2900 f. 781.329.1629

www.DedhamHealth.com