

Hammel Tennis Camp 2020



APPLICATION and REQUIRED FORMS

Please return the following (**Required**):

- 2020 Summer Camp Application, Schedule and Fees
- Release of Liability Form
- Authorization to Transport
- Physical and Immunization Form – from your child's physician

[Note: Campers, *including walk-ins*, cannot participate in camp until all of these forms have been completed and returned to the Longfellow Club. This is a state regulation and there will be no exceptions to this policy. If you have any questions, please contact Phil Parrish at hammeltenniscamp@hotmail.com or Bev Baker at longfellowhtc@gmail.com.]

Please return if needed:

- Authorization to Administer Medication Form
- Transportation Form (for shuttle between Natick & Wayland)

IMPORTANT

If your child is coming to Red Ball Camp, 12 & Under Camp or to a full day HS/PreHS or Young Champions Camp please pack a nut-free lunch in an insulated lunch bag with a freezer pack.

If your child is attending a full day of N.E.T.A. camp, there will be an option of purchasing lunch at the Regis College Cafeteria.

The Longfellow Tennis and Health Club
524 Boston Post Road
Wayland, MA 01778

www.longfellowclubs.com
www.longfellowjuniortennis.com
hammeltenniscamp@hotmail.com
longfellowhtc@gmail.com

2020 SUMMER CAMP APPLICATION - **REQUIRED**

Last Name _____ First Name _____

Date of birth _____ Age _____ Grade in fall '20 _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent's Name(s) _____

Work Phone(s) _____

Cell Phone(s) _____

Email Address _____

(Note: Confirmations will be emailed so please print clearly.)

Emergency Contacts (other than parent):

1. Name _____ Relationship _____

Telephone _____

2. Name _____ Relationship _____

Telephone _____

Health Insurance Company: _____ Policy # _____

Name of Child's Physician _____ Telephone: _____

Please give us any information about your child that we may need to know, such as health issues, behavioral issues, activity or diet restrictions or allergies:

Will your child need to take medication at camp? _____

(If yes, please complete the "Authorization to Administer Medication to a Camper" Form)

Signature of parent/guardian _____

This camp complies with regulations of the MA Department of Public Health (105 CMR 430), and is licensed by the local health department of the town where the camp is held. Information on these regulations can be obtained at (617)983-6781. Parents have the right to review background checks, health care, discipline policies and grievance procedures upon request. Longfellow prohibits discrimination on the basis of race, color, national or ethnic origin, ancestry, religion, sex, sexual orientation, age, physical or mental disability, and veteran or other protected status. The policy extends to all rights, privileges, programs and activities including admission, employment, education and athletics.

SCHEDULE AND FEES (Part I) - **REQUIRED**

Name of Child _____ Age _____

Please check camp your child will attend:

NETA	<input type="checkbox"/> Half Day (9am-12pm)	<input type="checkbox"/> Full Day (9am-4pm)	<input type="checkbox"/> Half Day (1pm-4pm)
Young Champions	<input type="checkbox"/> Half Day (9am-12pm)	<input type="checkbox"/> Full Day (9am-4pm)	<input type="checkbox"/> Half Day (1pm-4pm)
HS/PreHS	<input type="checkbox"/> Half Day (9am-12pm)	<input type="checkbox"/> Full Day (9am-4pm)	<input type="checkbox"/> Half Day (1pm-4pm)
12 and Under	<input type="checkbox"/> Half Day (9am-1pm)	<input type="checkbox"/> Full Day (9am-4pm)	
Red Ball Tennis	<input type="checkbox"/> Wayland (9am-1pm)		
Red Ball Extended Day	<input type="checkbox"/> Wayland (1pm-4pm)		

Please sign here if your child is attending New England Tennis Academy Camp, Young Champions Tennis Camp, or HS/PreHS Training Camp:

I give my permission for my child to travel to training venues in an authorized Hammel Tennis Camp vehicle driven by an authorized Hammel Tennis Camp staff person.

Signed _____

Date _____

☐ Please check here if transportation is needed on the shuttle between Natick, Wayland or other camp venues. (Be sure to complete **Transportation Form** and include amount in Balance Due on SCHEDULE AND FEES (Part II) page.

Please check the week(s) of camp & circle the days if not attending full week; on second row check extended day if attending extended day. **NOTE: Extended Day (XD) is on a daily basis and is available for Wayland Red Ball Campers who are entering kindergarten in the fall of 2020 or older.**

<input type="checkbox"/> June 15, 16, 17, 18, 19	<input type="checkbox"/> July 13, 14, 15, 16, 17	<input type="checkbox"/> August 10, 11, 12, 13, 14
<input type="checkbox"/> XD 15, 16, 17, 18, 19	<input type="checkbox"/> XD 13, 14, 15, 16, 17	<input type="checkbox"/> XD 10, 11, 12, 13, 14
<input type="checkbox"/> June 22, 23, 24, 25, 26	<input type="checkbox"/> July 20, 21, 22, 23, 24	<input type="checkbox"/> August 17, 18, 19, 20, 21
<input type="checkbox"/> XD 22, 23, 24, 25, 26	<input type="checkbox"/> XD 20, 21, 22, 23, 24	<input type="checkbox"/> XD 17, 18, 19, 20, 21
<input type="checkbox"/> June 29, 30, 1, 2, (no July 3)	<input type="checkbox"/> July 27, 28, 29, 30, 31	<input type="checkbox"/> August 24, 25, 26, 27, 28
<input type="checkbox"/> XD 29, 30, 1, 2, (no July 3)	<input type="checkbox"/> XD 27, 28, 29, 30, 31	<input type="checkbox"/> XD 24, 25, 26, 27, 28
<input type="checkbox"/> July 6, 7, 8, 9, 10	<input type="checkbox"/> August 3, 4, 5, 6, 7	
<input type="checkbox"/> XD 6, 7, 8, 9, 10	<input type="checkbox"/> XD 3, 4, 5, 6, 7	

For special scheduling needs not covered in this application, contact Bev Baker at 508-358-7355 or email longfellowhtc@gmail.com. See next page for schedule of fees.

SCHEDULE AND FEES (Part I) – **REQUIRED**

2020 RATES

Red Ball Revolution	Before April 1	April 1-May 15	After May 15	Drop off and pick up for Red Ball Revolution is at the Longfellow Youth Sports Zone in Wayland.
Weekly 9am-1pm	\$225	\$255	\$275	
Daily 9am-1pm	\$60/day	\$60/day	\$60/day	
Unlimited 9am-1pm	\$950	\$1,025	\$1,100	
*Unlimited 9am-4pm	\$1,650	\$1,725	\$1,800	
*Ext Day 1pm-4pm	\$36/day	\$36/day	\$36/day	

*** Must be going into kindergarten in Fall to do Extended Day**

12 & Under Camp	Before April 1	April 1-May 15	After May 15	Drop off and pick up for 12 & Under Camp is at the Longfellow Tennis Club in Natick.
Weekly Rate	\$495	\$550	\$595	
Daily Rate	\$145	\$145	\$145	
Half Day Rate	\$60	\$60	\$60	
Unlimited	\$1,750	\$1,825	\$1,900	

High School/Pre HS Camp	Before April 1	April 1-May 15	After May 15	Drop off and pick up for High School/Pre HS is TBD. Please see confirmation email for details.
Weekly Rate	\$495	\$550	\$595	
Daily Rate	\$145	\$145	\$145	
Half Day Rate	\$75	\$75	\$75	
Unlimited	\$1,750	\$1,825	\$1,900	

Young Champions	Before April 1	April 1-May 15	After May 15	Drop off and pick up for Young Champions is at the Longfellow Tennis & Health Club in Wayland.
Weekly Rate	\$595	\$645	\$645	
Daily Rate	\$145	\$145	\$145	
Half Day Rate	\$75	\$75	\$75	
Unlimited	\$1,895	\$1,970	\$1,970	

NETA	Before April 1	April 1-May 15	After May 15	Drop off and pick up for NETA is at Regis College.
Weekly Rate	\$595	\$645	\$645	
Daily Rate	\$145	\$145	\$145	
Half Day Rate	\$75	\$75	\$75	
Unlimited	\$1,895	\$1,970	\$1,970	

Camp _____ **Ext Day** _____ **Transportation** _____ **Total Due** _____

CC# _____ **Exp** _____

Make Checks Payable to The Longfellow Club

**Full payment MUST accompany this application. No refunds after 5/1/2020 without a written medical excuse.
Cancellations after 5/1/2020 without a medical excuse will be given a credit for camp weeks in 2021,
clinics in the fall, or private lessons.**

**Hammel Tennis Camp • Longfellow Tennis & Health Club • 524 Boston Post Rd. • Wayland, MA 01778
508-358-7355 • hammeltenniscamp@hotmail.com • Director: Phil Parrish**

RELEASE OF LIABILITY - **REQUIRED**

Name of Child _____

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in Hammel Tennis Camp, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking and the use of any equipment in connection with the activities. I, on behalf of myself, my child, and any other parent of the child, understand that my child may be involved in activities including the following but not limited to arts and crafts, swimming, team building initiatives, tennis, and/or any other physical undertakings.

ACKNOWLEDGEMENT OF RISK: I recognize that there is inherent danger in any activity which involves exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of activities in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activities and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activities. I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. Hammel Tennis Camp has my permission to use photos of my child in promotional Hammel Tennis Camp literature.

RELEASE AND HOLD HARMLESS: In consideration of my child's participation in the activities, I, for myself, for my child, and for any other parent of the child, do **hereby RELEASE AND AGREE TO HOLD HARMLESS** Longfellow, its trustees, officers, employees, and agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are the result of gross negligence of the party or parties released herein.

ACKNOWLEDGMENT: in signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and or respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

TRANSPORTATION

Shuttle Between Natick and Wayland Clubs and to Designated Camps

(This is transportation for drop-off at the beginning of the camp day and pick-up at the end of the camp day.
If your child is transported during the camp day to an event related to camp, there is no charge for transportation.)

Camper Name _____ Parent Name _____

Address _____

City _____ Zip _____

Phone (h) _____ Phone(c) _____

(Please put date of camp and place where *YOU* will drop off and pick up camper.)

Week of Camp	Drop Off/Pick Up Site	Cost	Total
1.		\$25	
2.		\$25	
3.		\$25	
4.		\$25	
5.		\$25	
6.		\$25	
Total Amount Due			

The van will leave the Youth Sports Zone in Wayland at 8:15 am to transport campers to camps being held in Natick. The van will leave the Longfellow Tennis Club in Natick at 8:45 am each morning to bring campers to Wayland. **PLEASE BE ON TIME AS THE SHUTTLE CANNOT BE HELD!**

The van will return campers to Natick and or Youth Sports Zone every day for pick up. It will make a round trip, leaving the Youth Sports Zone at 12:45pm for half day campers and 4:00pm for full day campers.

Transportation must be arranged and paid for in advance, submitted with this form. Forms are available online and at both the Longfellow Tennis Clubs in Natick and Wayland and the Youth Sports Zone in Wayland.

Parents/caregivers must pick up their own children unless special provisions are requested and approved below:

SIGNED

DATE

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

A parent MUST complete this form if your child will be taking medication at camp.

Name of Camper _____ Date of Birth _____ Age _____

Any food or drug allergies: _____

Diagnosis (at parent's discretion) _____

Parent's Name(s) _____

Work Phone(s) _____

Cell Phone(s) _____

Name of Licensed Prescriber _____ Telephone _____

Name of Medication _____ Dose Given at Camp _____

Frequency _____ Possible Side Effects/Adverse Reactions _____

Special Directions _____

I hereby authorize the health care consultant or properly trained health care supervisor to administer to my child, _____, the medication(s) listed, in accordance with 105 CMR 430.160 (see below).

If above listed medication includes epinephrine injections system:

I hereby authorize my child to self-administer, with approval of the health care consultant ____
____yes ____no ____n/a

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer ____yes ____no ____n/a

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant ____
____yes ____no ____n/a

Parent/Guardian Signature _____ Date _____

Health-Care Consultant Signature _____ Date _____

If above listed medication includes an albuterol inhaler:

I hereby authorize my child to self-administer, with approval of the health care consultant
____yes ____no ____n/a

Parent/Guardian Signature_____ Date_____

Health-Care Consultant Signature_____ Date _____

105 CMR 430.160 (A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160 (B)

Medication shall only be administered by the health supervisor* or by a licensed health-care professional authorized to administer prescription medications. If the health supervisor is not a licensed health-care professional authorized to administer prescription medications, the administration of medications shall be under professional oversight of the health-care consultant. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication. We will not give medication for the first time.

105 CMR 430.160 (C)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

* Health supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid and CPR, has been trained in the administration of medications, and is under professional oversight of a licensed health-care professional authorized to administer prescription medications.

