

Hammel Tennis Camp 2020



APPLICATION and REQUIRED FORMS

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

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

[Note: Campers 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

IMPORTANT

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

Please pack a nut-free snack for your child for all camps.

NOTE: A parent handbook outlining the policies and procedures related to COVID-19 will be sent with confirmation of receipt of your child's application. Feel free to contact us if you would like to review this in advance.

NOTE: Due to **Covid-19**, there will be **NO TRANSPORTATION** for Hammel Tennis Camp this summer.

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

www.longfellowclubs.com
hammeltenniscamp@hotmail.com

www.longfellowjuniortennis.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.

NOTE: Please sign here to give us permission for your child to use hand sanitizer: _____

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

Name of Child _____ Age _____

Please check camp your child will attend:

NETA ☐ SILVER Half Day (8:30-12:30 pm)
☐ GOLD Half Day (1:00-4:30)

Young Champions

☐ Full Day (9:00-4:00 pm)

HS/PreHS ☐ Half Day (9:30-12:00 pm)
☐ Full Day (9:30-4:30 pm)

12 & Under ☐ Half Day morning (9:00-11:30 am)
☐ Half Day afternoon (1:30-4:00 pm)

Red Ball ☐ Morning (9:00-11:00 am) ages 5-6
☐ Afternoon (2:00-4:00 pm) ages 7-8

Please check the week(s) of camp your child will attend: (no individual day selections available)

- ☐ June 29, 30, 1, 2, July 3
- ☐ July 6, 7, 8, 9, 10
- ☐ July 13, 14, 15, 16, 17
- ☐ July 20, 21, 22, 23, 24
- ☐ July 27, 28, 29, 30, 31
- ☐ August 3, 4, 5, 6, 7
- ☐ August 10, 11, 12, 13, 14
- ☐ August 17, 18, 19, 20, 21
- ☐ August 24, 25, 26, 27, 28

PLEASE NOTE: Campers must sign up for a full week of camp. Due to COVID-19 regulations we cannot support selection of individual days or partial weeks.

Additional information specific to your child's camp will be included in the confirmation that is emailed after your application has been processed.

2020 RATES - Revised due to COVID-19 Guidelines

There will be no make ups or substitutions.

Red Ball Revolution	1 - 3 weeks	4 or more weeks
Youth Sport Zone Wayland		
Red Ball Aces (ages 5-6) 9:00-11:00	\$250	\$199
Red Ball Champs (ages 7-8) 2:00-4:00	\$250	\$199
<i>Limit of 16 campers. Drop off and pick up for Red Ball Revolution is at the Longfellow Youth Sports Zone in Wayland.</i>		
12 & Under Camp	1 - 3 weeks	4 or more weeks
Natick		
Half day morning 9:00-11:30	\$325	\$299
Half day afternoon 1:30-4:00	\$325	\$299
<i>Limit of 16 campers. Each session is for the same level of ability. Drop off and pick up for 12 & Under Camp is at the Longfellow Tennis Club in Natick.</i>		
High School Camp	1 - 3 weeks	4 or more weeks
Wayland		
Full Day 9:30-4:30	\$595	\$495
Half Day 9:30-noon	\$325	\$299
<i>Limit of 8 campers in each. Drop off and pick up for High School/Pre HS is at Wayland. No half day PM permitted due to Covid-19 restrictions.</i>		
Young Champions	1 - 3 weeks	4 or more weeks
Wayland		
Full Day 9:00-4:00	\$595	\$495
<i>Limit of 16 campers. Drop off and pick up for Young Champions is at the Longfellow Tennis & Health Club in Wayland. There is no half day option.</i>		
NETA	1 - 3 weeks	4 or more weeks
SILVER 8:30-12:00	\$549	\$450
GOLD 1:00-4:30	\$549	\$450
<i>Limit 16 campers. Drop off and pick up at Natick. Preference will be given to players that participate in camp for all UTR and USTA tournaments run by Longfellow.</i>		

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

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:

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

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.