

# 2007 ASSUMPTION SPORTS CAMPS APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade Sept. 2007: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size:

YOUTH:  Small  Medium  Large

ADULT:  Small  Medium  Large

## PLEASE SELECT CAMPS AND DATES

Extended days - \$15.00 per day  
Please circle days needed below  
7:00 am-8:45 am & 4:00 pm-5:15 pm

Camp	Session Date	Tuition						Total
<b>Greyhound Recreation Camp (ages 6-15)</b>								
<input type="checkbox"/> Session 1	July 9-13	\$225.00	9	10	11	12	13	_____
<input type="checkbox"/> Session 2	July 16-20	\$225.00	16	17	18	19	20	_____
<input type="checkbox"/> Session 3	July 23-27	\$225.00	23	24	25	26	27	_____
<i>Multiple recreation sessions are 10% off each session.</i>								
<input type="checkbox"/> Girls' Basketball (ages 7-16)	June 25-29	\$225.00	25	26	27	28	29	_____
<input type="checkbox"/> Baseball (ages 7-16)	June 25-29	\$225.00	25	26	27	28	29	_____
<input type="checkbox"/> Co-ed Soccer (ages 7-16)	July 9-13	\$225.00	9	10	11	12	13	_____
<input type="checkbox"/> Girls' Lacrosse (ages 8-18)	July 9-13	\$225.00	9	10	11	12	13	_____
<input type="checkbox"/> Boys' Lacrosse (ages 7-18)	July 16-20	\$225.00	16	17	18	19	20	_____
<input type="checkbox"/> Softball (ages 7-16)	July 16-20	\$225.00	16	17	18	19	20	_____
<input type="checkbox"/> Field Hockey (ages 8-18)	July 23-27	\$225.00	23	24	25	26	27	_____
<input type="checkbox"/> Boys' Basketball (ages 7-16)	July 30-Aug. 3	\$225.00	30	31	1	2	3	_____

## DEPOSIT/TUITION POLICY

A non-refundable deposit of \$50 per camp session must accompany this application. Example: a child going to two sessions of a sports camp would submit a deposit of \$100. **Withdrawal or cancellation prior to the first day of camp for any reason will result in a full refund less the non-refundable deposit of \$50 per camp session. All withdrawals or cancellations must be made in writing and received prior to the first day of camp.** Applications received after June 15, 2007 must be paid in full. Balance of tuition must be received by June 15, 2007. All fees may be paid by check (payable to Assumption College), Visa, or MasterCard.

A check is enclosed for \$ \_\_\_\_\_

Charge the amount of \$ \_\_\_\_\_ to my  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_



I have read the above and understand the camp's policy concerning tuition and non-refundable deposits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Send application to:

Ann McCarron, Director of Assumption Sports Camps  
Assumption College, Plourde Recreation Center  
500 Salisbury Street, Worcester, MA 01609

(508) 767-7072 • Fax: (508) 767-7074  
Email: [camps@assumption.edu](mailto:camps@assumption.edu)  
Web: [www.assumption.edu/sportscamps](http://www.assumption.edu/sportscamps)

(Sports Camps application is continued on next page.)

# EMERGENCY RELEASE FORM

All questions must be answered. Please complete and return with application form.

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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Person (other than parent) to call in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does camper have permission to participate in the optional swim?  Yes  No

Do you carry medical/hospital insurance?  Yes  No If yes, name of carrier: \_\_\_\_\_

Policy/Group number: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any neurological problems and/or disabilities: \_\_\_\_\_

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List any chronic or recurring medical conditions: \_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

List any medication currently being taken by camper for any condition: \_\_\_\_\_

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Medical Emergency Agreement: In case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_