



REGISTRATION SUMMER 2019

Please print, fill out all information below.
 Submit completed camper health record with registration.
 Camp deposits are non-refundable.
 All camp fees after April 20, 2019 are non-refundable.
 Registrations will not be processed without payment.

My First Camp

Phone 781-326-2900 Fax 781-329-1629

New / Renew

Staff _____

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

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Indoor DHAC Family Member # _____

Parents Name _____ E-mail _____

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

Discounts will be given only if all weeks are reserved at the same time

2019 Rates & Discounts

The Ultimate Day Camp and My First Day Camp

	Register for 1 week	Register for a total of 2 weeks	Register for a total of 3 - 6 weeks	Register for a total of 7 - 11 weeks	DHAC Family Member \$25/off per week on full day camps only
Full Day 9am-4pm	\$629.00/week	\$589.00/week	\$549.00/week	\$519.00/week	Sibling Discount: 5% off lowest priced registration
Half Day 9am-1pm	\$425.00/week	\$395.00/week	\$375.00/week	\$355.00/week	

Week #	1	2	3	4	5	6	7	8	9	10	11	Totals
Date	6/17	6/24	7/1 Camp Closed 7/4, 7/5	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	

Lower, Middle, Upper Camp : Ages 6-14

Day Camp 9am-4pm			3 day pro-rate									# of weeks
Amount												\$

My First Camp : Age 3-5

Half Day 9am-1pm			3 day pro-rate									# of weeks
Full Day 9am-4pm			3 day pro-rate									# of weeks
Amount												\$

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

The Ultimate Day Camp / My First Camp

200 Providence Highway, Dedham, MA 02026 781-326-2900 fax: 781-329-1629
www.DedhamHealth.com

Payment Information: Required information for balance payment

Total Due: \$_____ \$100/week Deposit: \$_____ Balance: \$_____ Automatic Payment April 25, 2019

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: _____

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, 2019.
3. All camp payments must be in full after April 25, 2019
4. All medical forms must be completed and returned to Camp by May 1, 2019.
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, 2019 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, 2019.
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

200 Providence Hwy. Dedham, MA 02026

p.781.326.2900 f.781.329.1629

www.DedhamHealth.com