

# WestFit Camps @ WS&TC 2019

Camper Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Age (As of 6/1/2019): \_\_\_\_\_ Gender: M or F Grade (Fall 2019) \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

VISA  MASTERCARD Print Name on Card: \_\_\_\_\_

MasterCard or VISA     -     -     Exp. Date   /

Card on file is required for all campers unless full payment is received at time of registration. WestFit reserves the right to automatically debit from the above authorized credit card for any unpaid services taken at WestFit Summer Camps. Automatic debits will be processed after the first day of unpaid camp that is attended. By signing below you agree to keep your account in good financial standing. If there is an outstanding balance you authorize WestFit to collect payment with the card on file. *Cancellation of camp week or day must be submitted to Camp Director 48 hours prior to scheduled start or subject to full charge.*

**I have read and accept the terms of the Payment Authorization:**

**PRICING & SCHEDULE**

Weekly Full Day Camp (9:00am – 4:00pm).....\$299/Member.....\$399/Non-Member  
 Per Day **Two day Minimum**.....\$79/Member.....\$99/Non-member

**Extended Care**

8:00am – 9:00am AM Drop off per day..... \$10  
 4:00pm – 6:00pm PM Drop off per day.....\$15



**Full Summer Discount**

(8 or more full week sessions).....20% for each child. Must pay in full by first day of first week  
 Sibling Discount.....10% for each additional child  
 \*\*\*Discounts cannot be combined and are not valid for extended care\*\*\*

Check box for full week 9am-4pm . Circle for daily and AM / PM	<u>DAILY</u>	<u>AM CARE</u>	<u>PM CARE</u>	Camp Director Use ONLY
<b>Session 1: June 24 – 28</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 2: July 1 – 5</b>	<input type="checkbox"/> Full Week M T W F	M T W F	M T W F	Total _____
<b>Session 3: July 8 – 12</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 4: July 15 – 19</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 5: July 22 – 26</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 6: July 29 – Aug 2</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 7: August 5 – 9</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 8: August 12 – 16</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 9: August 19 – 23</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____
<b>Session 10: Aug 26 – Aug 30</b>	<input type="checkbox"/> Full Week M T W Th F	M T W Th F	M T W Th F	Total _____

Massachusetts Camps: This program must comply with the regulations of Massachusetts Department of Public Health and be licensed by the local Board of Health. (105 CMR 430.00) I recognize the risk of illness and injury inherent in participating in any recreational activities, including but not limited to sports, exercise, fitness, aerobics, swimming, summer camp programs and/or transportation programs. I am allowing my child to participate upon the express agreement and understanding that I hereby, for myself, my child, and/or my heirs, executors and administrators, waive and release any and all rights and claims for damages I and/or my child may have against Westford Swim & Tennis Club and the current property owner, their officers, directors, agents, subsidiaries, parents, employees, representatives, successors and assigns for any and all injuries suffered by my child during these programs and/or activities. I give my permission for facility personnel to deliver to or call for a doctor, ambulance, or some designated person in case of an emergency. I hereby execute and deliver this Waiver and Release Statement to induce Westford Swim & Tennis Club and the current property owner, their officers, directors, agents, subsidiaries, parents, employees, representatives, successors, and assigns to permit my child, named above, to participate in their programs and/or activities.

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