

WestFit Camps @ WS&TC 2018

Camper Name: _____ Home Phone: _____ Date: _____

DOB: ___ / ___ / ___ Age (As of 6/1/2018): _____ Gender: M or F School: _____

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.....\$69/Member.....\$89/Non-member

Extended Care

8:00am – 9:00am AM Drop off per day..... \$12
 4:00pm – 6:00pm PM Drop off per day.....\$24



Full Summer Discount

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

(Please circle minimum 2 days if not choosing Full Week)

- | | | | | | |
|--|-------------------------------|--------------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <input type="radio"/> Session 1: June 25 – 29 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 2: July 2 – 6 | <input type="checkbox"/> Full | <input type="checkbox"/> M T NA Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 3: July 9– 13 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 4: July 16 – 20 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 5: July 23 – 27 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 6: July 30 – Aug 3 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 7: August 6 – 10 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 8: August 13 – 17 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 9: August 20 – 24 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |
| <input type="radio"/> Session 10: Aug 27 – Aug 31 | <input type="checkbox"/> Full | <input type="checkbox"/> M T W Th F | <input type="checkbox"/> AM Care | <input type="checkbox"/> PM Care | <input type="checkbox"/> Full Care |

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: _____