

ALL-SPORTS camp weeks

Please Circle the weeks you will attend

All Sports Camp:

WK: 1 2 3 4 5 6 7 8

SPORT SPECIFIC CAMPS

Please Circle the Sport Specific Camp(s) You Will Attend

WEEK 1 Girls Basketball Mountain Bike I
Boys Lax

WEEK 2 Boys Basketball Mountain Bike II
Track Camp Girls Lax

WEEK 3 Soccer Camp I Golf I
Arts & Crafts Football Level II

WEEK 4 Softball Camp Baseball Camp
Arts & Crafts

WEEK 5 Football Level I Tennis Camp
Arts & Crafts Cheer Camp

WEEK 6 Field Hockey Dance
Arts & Crafts Golf II

WEEK 7 Swim Camp Volleyball Camp
Warrior Fitness

WEEK 8 Soccer Camp 2 Golf III

CAMPER
NAME: _____

Camp Cost \$ _____

EXTENDED DAY: \$48/week

Week: 1 Morning Afternoon
Week: 2 Morning Afternoon
Week: 3 Morning Afternoon
Week: 4 Morning Afternoon
Week: 5 Morning Afternoon
Week: 6 Morning Afternoon
Week: 7 Morning Afternoon
Week: 8 Morning Afternoon

Morning Ext. Time = 7:30-8:30a.m

Afternoon Ext. Time = 3-5 p.m.

*Please circle the appropriate times
above that you will need extended day
coverage.*

Extended Day Cost \$ _____

Camp Cost \$ _____

Total Cost \$ _____

Campers
Name: _____

***PLEASE RETURN THIS SHEET
ALONG WITH CHECK
PAYABLE TO:
TANTASQUA SPORTSCAMPS***

C/O Camp Director
Tantasqua Regional High school
319 Brookfield Rd.
Fiskdale Ma. 01518

2010 SPORTS CAMP APPLICATION

Camper's Name: _____

Age: _____ D.O.B.: _____

School Grade Entering Fall of 2010: _____

Address: _____

Town: _____ Zip Code: _____

Home Phone #: _____

Parent's Cell/Work #'s: _____

Emergency PH #: _____

Family Med. Ins.: _____ Policy #: _____

Family E-Mails: _____

Parental/Guardian Waiver:

I hereby authorize the staff of Tantasqua Sports Camps to act for me/my child to their best judgment in any emergency requiring medical attention. I hereby waive and release the Tantasqua Summer Camps and any of its agents from any and all liability for injuries or illnesses incurred while at the camp.

Parent Signature: _____ **Date:** _____

*Any physical ailments/allergies that the camp staff should be aware of? _____

***In accordance with state guidelines, each camper must provide a copy of their latest physical & immunizations record-(Must be within 1 year of camp start date)-
OR the following info must be completed by the camper's physician:***

*Date of last physical : _____

*Immunizations are up to date: Yes No

*Any physical ailments/allergies? _____

*Camper is healthy and able to participate in all camp activities? _____

Physician's Signature: _____ **Date** _____

(This camp complies with code 105 CMR 430.000 for the state of Massachusetts.)