

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 or Camps** You Will Attend

WEEK 1 Girls Basketball Swim Lessons & AS  
Boys Lax Track Camp Swim Lessons

WEEK 2 Boys Basketball Golf Camp I  
Girls Lax

WEEK 3 Soccer Camp I Swim Lessons  
Arts & Crafts

WEEK 4 Softball Camp Baseball Camp  
Arts & Crafts Tennis I

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

WEEK 6 Field Hockey Dance  
Arts & Crafts Golf II

WEEK 7 Swim Camp Volleyball Camp  
Football II

WEEK 8 Soccer Camp 2 Golf III  
Warrior Fitness

CAMPER NAME: \_\_\_\_\_

PLEASE PRINT

Camp Cost \$ \_\_\_\_\_

EXTENDED DAY

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 Afternoon  
Extended Day Extended Day  
Time 7:30 – 8:30 Time 3:00 – 5:00

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

Extended Day Cost \$ \_\_\_\_\_

Camp Cost \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

Campers Name: \_\_\_\_\_

**2011 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 -(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** \_\_\_\_\_



PLEASE RETURN THIS SHEET  
ALONG WITH CHECK PAYABLE  
TO: TANTASQUA SPORTS  
CAMPS

Tantasqua Regional High school  
319 Brookfield Rd.  
Fiskdale Ma. 01518  
C/O Mike Lucas or Mark Muska

PLEASE RETURN THIS SHEET  
ALONG WITH CHECK PAYABLE  
TO: TANTASQUA SPORTS  
CAMPS

Tantasqua Regional High school  
319 Brookfield Rd.  
Fiskdale Ma. 01518  
C/O Mike Lucas or Mark Muska

Tantasqua Regional High School  
319 Brookfield Road  
Fiskdale, MA 01518

To: