



Lil Rascals

Thank you for choosing Orchard Hills Athletic Club Lil Rascals Half-Day Program! Attached you will find the complete 2011 Registration Packet. This packet contains all of the paperwork that needs to be filled out for your camper. In addition to this paperwork, we require a PROOF OF PHYSICAL and an IMMUNIZATION RECORD within the last 2 years.

We require a \$25 one-time non-refundable registration deposit. This deposit will be deducted from your first week camp fees. Payment in full for each week is due on your camper's first day of camp that week. Failure to pay at that time will result in a \$25 late fee. Please call Marcia Bissell at ext. 150 or email camp@orchardhillsathleticclub.com for your balance.

The following is a list of items that should be packed for your camper each day:

- Bathing Suit
- Change of Clothes
- Sneakers
- Sandals
- Sunscreen (Spray is preferred.)
- 1 Snack

Please remove this cover sheet and keep it for your records.

Thank you,

Matthew "Bucky" Lancelotta

Summer Camp Director

978-537-8387 Ext. 146

camp@orchardhillsathleticclub.com

Orchard Hills Athletic Club
100 Duval Road ~ Lancaster, MA 01523

Lil Rascals 2011

Registration Form

Name: _____ Age: _____ Sex: M / F
Member #: _____ Rate: _____ T-Shirt Size: _____

Please check the weeks and circle the days your child will be attending.

Weeks Attending	Days Attending		
_____ June 20 th - June 24 th	M	W	F
_____ June 27 th - July 1 st	M	W	F
_____ July 05 th - July 8 th	M	W	F
_____ July 11 th - July 15 th	M	W	F
_____ July 18 th - July 22 nd	M	W	F
_____ July 25 th - July 29 th	M	W	F
_____ Aug 1 st - Aug 5 th	M	W	F
_____ Aug 8 th - Aug 12 th	M	W	F
_____ Aug 15 th - Aug 19 th	M	W	F

Parent/Guardian Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone #: _____ Email: _____

I understand that a \$25 one-time non-refundable registration deposit is due with my registration form and I understand that my child must be a member of Orchard Hills Athletic Club to receive the member rate.

Signature: _____ Date: _____

I understand that payment in full for each week is due on my camper's first day of camp that week and that failure to pay at that time will result in a \$25 late fee.

Signature: _____ Date: _____

I understand that I am required to notify the Camp Director of any changes in attendance or cancellation for my child by the Wednesday prior to my child's registration. Failure to do so will result in a \$25 late notification fee.

Signature: _____ Date: _____



ORCHARD HILLS ATHLETIC CLUB

Personal Information

My child lives with: Both Parents Mother Father Other

Are there any restraining orders related to parental custody?

Yes No (If yes please provide a copy of order.)

Did your child attend OHAC Summer Camp last year? Yes No

Are there any special medical needs or allergies we should be aware of?

Permission Statements

Name of another adult allowed to pick up your child: _____

I give the above stated adult permission to pick up my child from Orchard Hills Athletic Club Summer Camp 2011 as needed.

Signature: _____ Date: _____

I give Orchard Hills Athletic Club permission to use my child's photo at their discretion. I understand that my child's name, address, or age will not be disclosed in any publication.

Signature: _____ Date: _____

I give Orchard Hills Athletic Club permission to walk my child to Roll-On-America and if my child is over 10 years old, Lancaster Golf.

Signature: _____ Date: _____

Waiver Statement

I agree that my child's participation in the Orchard Hills Athletic Club Summer Camp is without assumption of responsibilities of any kind by Orchard Hills Athletic Club, it's owners, or representatives. In consideration of the acceptance of my child's participation, I do hereby release and forever discharge said above mentioned parties from any and all damages, losses, or injuries which my child may suffer or sustain directly in connection with the program and any and all claims of any kind which I or my child may have hereafter acquire, and all claims are hereby waived and released.

Signature: _____ Date: _____

Emergency Information

Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____
Work Phone: _____ Cell Phone: _____

Permission to Treat

I hereby certify that the mentioned child is in good health and fully able to participate in all activities of the Orchard Hills Athletic Club Summer Camp. I agree that the Orchard Hills Athletic Club Summer Camp will not be held responsible for any accident or loss to the child however caused and hereby release the Orchard Hills Athletic Club Summer Camp staff, counselors, director, its owners or representatives from all claims, damages or refunds which may arise from any accident, loss or dismissal.

I consent to have the administrators of the Orchard Hills Athletic Club Summer Camp act in my behalf should an emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse or hospital.

Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Medical Insurance Provider: _____

Policy Plan Number: _____

Please specify any restrictions or health problem of which we should be aware.

Sunscreen Policy

It is the policy of Orchard Hills Athletic Club Summer Camp that each child applies their own sunscreen or lip balm in order to reduce exposure to the sun.

Prior to arrival at camp, each child should have applied their own sunscreen and lip balm. They will be instructed to reapply both several times each day and specifically when they leave the pool.

If it is determined that a child needs assistance with the application of sunscreen or lip balm, the Camp Director or Camp Coordinator will assist the child with the application. No counselor or junior counselor will apply sunscreen or lip balm to any child at any time.

I have read this policy and accept the terms stated above.

Child's Name (Please Print)

Parent's Name (Please Print)

Parent's Signature

Date

Permission to Administer Medication

Camper's Name

Name of Licensed Prescriber

Name of Medication

Expiration Date

Administration Directions

Special Storage Requirements

Possible Side Effects/Adverse Reactions

I hereby authorize Orchard Hills Athletic Club Summer Camp to administer to my child the medication listed above in accordance with 105 CMR 430.160.

Parent/Guardian Signature

Date

Pick-Up Permission Slip

Camper's name: _____

Adult allowed to pick up my child: _____

Date(s): _____ Times: _____

Name of Parent

Date

Signature



Pick-Up Permission Slip

Camper's name: _____

Adult allowed to pick up my child: _____

Date(s): _____ Times: _____

Name of Parent

Date

Signature

