

# APPLICATION FORM

SEND THE FOLLOWING MATERIALS TO:

Bob Starensier, Star Camps, Inc., 6 Winterberry Path, Acton, MA 01720

APPLICATION    MEDICAL FORM    RELEASE FORM    PAYMENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL \_\_\_\_\_

AGE \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_

- CAMP FEES:**
- ★ Your cancelled check is your receipt and will assure your place in the session.
  - ★ A \$50 non-refundable deposit is required for each child per camp.
  - ★ For a camper signing up for 3 weeks there is a \$75 discount. For a camper signing up for all 4 weeks there is a \$ 125 discount.
  - ★ Balance is due the first day of camp. Checks can be made payable to Star Camps.
  - ★ **FULL-DAY: \$375   HALF-DAY: \$275   HOCKEY: \$475**

Please check off the camps you wish to attend.

Star Camp weeks run Week 1 = July 12-16, Week 2 = July 19-23, Week 3 = July 26-30, Week 4 = August 2-6

## SOCCER CAMP

- Week 2: July 19-23  
BOYS    A.M.    Full-Day  
GIRLS    A.M.    Full-Day  
(A.M. soccer only for ages 5-7)  
 Goalie Academy
- Week 4: August 2-6  
BOYS    A.M.    Full-Day  
GIRLS    A.M.    Full-Day  
(A.M. soccer only for ages 5-7)  
 Goalie Academy

## BASEBALL - BOYS CAMP

- Week 1: July 12-16  
 A.M.    Full-Day
- Week 3: July 26-30  
 A.M.    Full-Day

## SOFTBALL - GIRLS CAMP

- Week 3: July 26-30  
 A.M.    Full-Day

## BASKETBALL - BOYS CAMP

- Week 1: July 12-16  
 A.M.    Full-Day
- Week 3: July 26-30  
 A.M.    Full-Day

## BASKETBALL - GIRLS CAMP

- Week 1: July 12-16  
 A.M.    Full-Day

## LACROSSE - BOYS CAMP

- Week 1: July 12-16  
 A.M.    Full-Day
- Week 3: July 26-30  
 A.M.    Full-Day

## LACROSSE - GIRLS CAMP

- Week 3: July 26-30  
 A.M.    Full-Day

## FIELD HOCKEY - GIRLS CAMP

- Week 1: July 12-16  
 A.M.    Full-Day

## FLAG FOOTBALL - BOYS CAMP

- Week 2: July 19-23  
 A.M.    Full-Day

## VOLLEYBALL - GIRLS CAMP

- Week 2: July 19-23  
 A.M.    Full-Day

## Multi-Sport

- Week 4: August 2-6  
 A.M.    Full-Day

## Hockey

- Week 3: July 26-30  
 Full-Day Only  
\$475 (At the Edge Sports Center, Bedford, MA)

# RELEASE FORM

I understand and accept the condition that neither Star Camps, Inc., nor anyone associated with Star Camps, Inc., will assume responsibility for accidents and medical or dental expenses incurred as a result of the participation in this program. The applicant is in good health and able to participate in physical activity of a rigorous nature. In the event of injury or illness, Star Camps, Inc., has my permission to provide medical care.

Parent's Signature \_\_\_\_\_

In addition to this form, you must attach a report of your child's annual physical and immunizations dated within the past year and signed by the pediatrician. Massachusetts State Law requires a physical for each camper.

## PRESCRIBED MEDICATION AUTHORIZATION

MEDICATION AUTHORIZED \_\_\_\_\_

I ALLOW SUNSCREEN TO BE APPLIED TO MY CHILD \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HOW DID YOU HEAR ABOUT STAR CAMPS? \_\_\_\_\_

DO YOU HAVE A FRIEND WE COULD SEND A STAR CAMPS BROCHURE TO? \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_