

Mount Wachusett
Community College
444 Green St.
Gardner, Ma 01440

Fitness & Wellness Center

CURRENT RESIDENT or

*Summer Camps
for Kids
2009*

ENROLLMENT FORM: COMPLETE BOTH SIDES, PLEASE PRINT

Name of Camper	Age	Date of Birth	SS#	Male/Female
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Mailing Address	City/State	Zip Code	Phone#
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Name of Parent(s)	Mailing Address (if different from above)
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MEDICAL CLEARANCE: The State of Massachusetts requires every camper and staff member to have a complete health history, physical examination, and immunization record on file before they can begin camp. Your physician should be able to provide you with a comprehensive health history form and immunization record. If not, we can provide them for your physician to complete.

PERMISSION AND ASSUMPTION OF RISK AND RELEASE:

I give my permission for this child to participate in the selected camp program. I understand that in the unlikely event of an accident, every attempt will be made to contact the person(s) named below. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child, including (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below.

In consideration of being permitted to participate in this program I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in such activities, which are described in this brochure, during my child's enrollment and/or participation in MWCC activities during this camp, do hereby agree to assume all risks and responsibilities surrounding my participation in this program, or activities undertaken as an adjunct thereto; and I assume all risks for injuries and illness: caused by or related to this camp: and further I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, and release, and forever discharge Mount Wachusett Community College and all its officers, agents, and employees from and against all claims, demands, and actions, or causes of actions, on account of damage to personal property, or personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of participation.

Date	Name of Camper	Parent/Guardian Signature for enrollee under age of 18)
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EMERGENCY INFORMATION: It is of utmost importance that our office have a telephone number available where a responsible person can be contacted in case of accident or illness. Please list two (2) phone numbers below in the order that you would like contact made if we cannot reach you during camp or to release your child to if you cannot be reached.

Emergency Daytime Phone	Name of Contact
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Emergency Daytime Phone	Name of Contact
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Medical Insurance Carrier	Policy holder Name	Policy #
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- Are there any legal restrictions on the release of your child or his/her records to a non-custodial parent?
 Yes No
- Is someone other than yourself authorized to pick up your child?
- Name of Authorized Person (s) Phone#

cc: EMT/Health Office Date: _____ Staff Initials: _____

All state requirements and camp policies are available for review
at the office of the Fitness & Wellness Center upon request.

Paid \$ _____ Date: _____ Staff Initials: _____

FITNESS & WELLNESS CENTER SUMMER PROGRAM(S) REGISTRATION FORM 2008

Dear Camper:

The Mount Wachusett Community College Fitness & Wellness Center is excited about offering you the following Summer Camp opportunities.

We feel our facilities are unmatched in the area. We have 280 acres on our Gardner Campus with a running track, soccer, baseball and softball fields, 8 lighted tennis courts, and 2 outdoor lighted basketball courts. These all surround our beautiful air-conditioned Fitness & Wellness Center that includes 3 indoor basketball courts large indoor swimming pool, as well as state of the art fitness equipment.

Our competent staff ensures that campers learn, have fun, and make new friends in a safe and enjoyable environment

Please read this application in its entirety and return it completed with the Medical Forms as soon as possible. We hope your camp experience is one that will last for a life time. Please remember that our camps have been very popular over the past few years and registration is on a first come first paid basis.

TO REGISTER: Fill out **both sides** of this application and return it to the center with payment. **All campers must have a health history, physical exam (within the last 24 months) and a certificate of immunization record from their physician BEFORE they can attend camp (STATE LAW).** Medical Forms may be faxed to our office directly at (978) 630-9562.

Please check all Camp(s) that your child is attending: *All camps have limited enrollment* Campers should bring their own lunch* Snacks & sodas will be available for sale during breaks

BASKETBALL CAMP SESSION B (Grades 2-8) June 29-July 3 9:00am to 12:00pm. (FREE Noon swim Optional) Cost: \$90.00, CAMP DIRECTOR: Steve Hancock.

SOCCER CAMP Directed by Footopia Soccer (Grades 2-8) July 6-10 9:00am-3:00pm (FREE optional swim from 3-4:00pm) Cost: \$175.00 CAMP DIRECTORS: Amphone Ketnouvong, Asst. women's coach @ Division I, Long Island University and Gerry Padilla, both Directors for Footopia Soccer.

BASEBALL CAMP (Grades 2-12) July 13-17 9:00am-3:00pm . (FREE optional swim 3:00-4:00pm) Cost: \$175.00, CAMP DIRECTOR: George Biron, Anaheim Angels Scout. In its 24st year

FUN IN THE SUN CAMP (grades 1-6) July 20-24 9:00am-3:00pm. (FREE optional swim 3:00-4:00pm) Cost \$177.00, CAMP DIRECTOR: Brian Burpee .

KIDS FIT CAMP (Grades 2-8) July 27-31 9:00am-12:00pm (12:00-1:00pm Free swim optional) Cost \$90.00 CAMP DIRECTOR; Paula Magee, AFAA Youth Fitness Instructor.

FIELD HOCKEY CAMP (Grades 5-12) August 10-14, 9:00am-3:00pm (3:00-4:00pm swim Optional) Cost: \$175.00 CAMP DIRECTOR: Sally Johnson, Head Coach Gardner High School.

BASKETBALL CAMP SESSION A (Grades 2-8) August 3-7 9:00am to 12:00pm. (FREE Noon swim . Optional) Cost \$90.00, Camp Director: Steve Hancock.

TUMBLE FUN CAMP (Grades 2-8) August 10-14 9:00am-12:00pm (Free optional swim 12-1:00pm) Cost \$90.00 CAMP DIRECTOR: Sara Guerard, USA Safety Certified Coach, ACE Certified Personal Trainer, AEA Certified Group Exercise Instructor.

TENNIS LESSONS Mon-Fri, 2 sessions each week....Instructor-TBA

AGES 6-9

Ages 10-15

July 6-10 9:00-10:30am

July 6-10 10:30-noon

July 13-17 9:00-10:30am

July 13-17 10:30-noon

EXTENDED CAMP is available to children that may need to be dropped off between 8:00-9:00 am and picked up between 3:00-5:00pm for a Cost of \$25.00 per week per child. *Not available for half-day Camps.*

8:00-9:00am 3:00-5:00pm Both

FREE T-SHIRT TO ALL CAMPERS