

Complete Squash Camps Application Form

(Please take the printout and fill out this form completely)

- The program rents Harvard facilities and is not sponsored by Harvard University. Harvard is not able to exercise supervision or control over the activities of Complete Squash at Harvard.
- My child is required to provide his/her own equipment that is in good condition and adequate for the uses required for her/his participation in the program.
- I understand that lost equipment and personal belongings are not the responsibility of Complete Squash at Harvard.
- I will instruct my child to obey the rules of Complete Squash at Harvard.
- If my child disobeys the camps rules, I agree that my child may no longer be able to participate in the program and that my fees paid for attending Complete Squash at Harvard will not be refunded.

My child is physically able to participate in the program and has no medical condition which could effect his/her participation.

My child's primary care physician is and can be reached at the following telephone number:.....

.....

My child has following allergies:.....

.....

- I have attached a medical questionnaire to this application and state that it is true and complete.

I grant Complete Squash at Harvard the right:

- a) to take appropriate actions for my child's health and safety.
- b) to obtain any necessary medical assistance.
- c) to use photos of my child(run) in camp publications.

- I will be fully responsible for all medical expenses incurred by my child while attending the program.

My child is covered by health insurance, my policy/reference/subscriber number is.....

(We) have read and freely signed this agreement which shall take effect as a sealed instrument:

Parent / Printed name.....

Guardian signature.....

Alternative Contact if parent is not available.....

Work telephone.....

Home.....

Complete Squash, P.o Box 380231, Cambridge, MA 02238.

Complete Squash camp is governed by regulations of Massachusetts.

Department of Public Health (105 CMR 430-000), and is licensed by the Boston Board of Health.

Information on 105 CMR 430-000 can be obtained at (617) 983-6761.

Registration Summer Camps @ Harvard 2007

Choose Camp:-

	Day camper	Boarder
Week 1 July 8 -13	\$ 1149	\$1299
Week 2 July 15-20	\$ 1149	\$1299
Elite Week July 22-27	\$ 1899	\$1999
3 Weeks Special	\$ 2999	\$3499

Name.....

Sex.....

Address.....

City.....

State.....

Zip.....

Age.....

Rank National / School.....

Parents / Guardian.....

School.....

Day Phone..... Evening.....

E- Mail.....

Camp Rates

	Day camper	Boarder	Deposit
Week 1 July 8 -13	\$ 1149	\$1299	\$ 500
Week 2 July 15-20	\$ 1149	\$1299	\$ 500
Elite Week July 22-27	\$ 1899	\$1999	\$ 1000
3 Weeks Special	\$ 2999	\$3499	\$ 1500

Airport transfer if needed: \$75 each way

Note: Special offer(s) add \$150 if staying over the weekend in Boston

Please fill in the required information and include deposit as stated above and mail this form to Complete Squash, P.O Box 380231 Cambridge, MA 02238 by May 15th, 2007.

**Make check payable to Complete Sports Solutions.
All deposit/s are non-refundable after May 15, 2007.**

**Complete Squash
P.O Box 380231
Cambridge, MA 02238
Phone/Fax: 617-491-3234
info@css-sport.com**

