

631.324.0297



172 Buckskill Road
East Hampton, NY 11937

Summer Camp 2016

SELECT YOUR CAMP:

- Rising Stars (ages 3-7)
- Rising Stars Tennis– John’s Master Class (ages 5-7)
- Shooting Stars (ages 8-12)
- Five Star Tennis (ages 8-13)
- CIT Program (ages 13 & 14)

SELECT YOUR T-SHIRT SIZE:

- XS (3-4)
- S (5-6)
- M (7-8)
- L (9-10)
- XL (9-10)

Additional T-Shirts \$12 each

CAMPER INFORMATION

First Name

Last Name

Birth Date (MM/DD/YY)

Gender:

- Male
- Female

Age

Grade (rising)

PARENT/GUARDIAN INFORMATION

First Name

Last Name

Primary Phone

Secondary Phone

Email Address

Summer Address

City

State

ZIP Code

Mailing Address

City

State

ZIP Code

EMERGENCY CONTACT INFORMATION

First Name

Last Name

Primary Phone

Secondary Phone

Relationship to Camper

REGISTRATION INFORMATION

Please mark which weeks your child will be attending or if attending daily, please note which days in the Daily Option box below.

Week(s):	PRE CAMP - June 20-June 24
CAMP:	WEEK ONE June 27-July 1
	WEEK TWO July 4-July 8
	WEEK THREE July 11-July 15
	WEEK FOUR July 18-July 22
	WEEK FIVE July 25-July 29
	WEEK SIX August 1-August 5
	WEEK SEVEN August 8-August 12
	WEEK EIGHT August 15-August 19
POST CAMP :	August 22-August 26
	August 29- September 2

CAMP RATES :

Rising Stars/John's Master Class

1-3 Weeks	\$795 Half Days \$995 Full Days
4-6 Weeks	\$750 Half Days \$875 Full Days
7-8+ Weeks	\$695 Half Days \$825 Full Days

5 Star Tennis and Shooting Stars:

1-3 Weeks	\$995
4-6 Weeks	\$875
7-8+ Weeks	\$825

C.I.T. Program	\$395 Weekly
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ADD-ONS & DISCOUNTS

Transportation(Pick-Up & Drop Off)	\$135 Weekly
Sibling Discount	10% Off per child
Early Enrollment	5% Off



Hampton Racquet Physical Examination & Immunization Record

Dear Parent or Guardian:

The Suffolk County Dept. of Health requires that we have the information below on file for each Hampton Racquet camper. Kindly forward this form to your child’s physician and have him/her complete and return the form to us at the address below as quickly as possible. Your doctor may choose to substitute his/her own appropriate form, but no camper can be allowed to participate in summer camp without having supplied these records.

Thank you in advance for your cooperation.

Camper’s Full Name _____

Birthdate _____

Address _____

Height: Feet/Inches _____ Weight _____ Posture _____

Condition Of: Skin _____ Ears _____ Nose _____

Throat _____ Tonsils _____ Thyroid _____

Heart _____ Pulse _____ BP _____

Teeth _____ Eyes: Right _____ Left _____ Glasses _____

Nervous System _____

Laboratory: Hemoglobin _____

Urinalysis: Albumin _____ Sugar _____

Allergic Conditions: Hay Fever _____ Asthma _____

Drug Allergies _____

Food Allergies _____

Immunizations: (Please give dates)

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Sabin Polio 1. _____ 2. _____ 3. _____ 4. _____

Measles 1. _____ 2. _____

Mumps 1. _____

Rubella 1. _____

MMR 1. _____ 2. _____

HIB 1. _____

Haemophilus Influenza Type B _____ Hepatitis B _____ Varicella (chicken pox) _____

Tuberculin Test: (within last 12 months)

Date _____ Results _____

Does the camper have any temporary or permanent physical, emotional or health problem about which the camp should be informed?

Is the camper currently under any medical treatment? _____ If yes, please specify:

Is the camper currently on medication? _____ If yes, please specify:

Please list any other information you may have that may be of use to the camp:

Physician's Signature _____ M.D.

Address: _____

Telephone: _____