

CROSS STIX REGISTRATION, June 22 – 26, 2009

MEADOWBROOK DAY CAMP

Open to girls 9 to 12 years old

Application Received: _____

Parent or Guardian: _____ **Home Phone #:** _____

Address: _____
Street Town State Zip

Business day Phone #: _____ Cell or Page #: _____

Second Parent or Guardian: _____ **Home Phone #:** _____

Address: _____
Street Town State Zip

Business day Phone #: _____ Cell or Page #: _____

Primary E-Mail Address: _____

Camper's Name:		Are you <input type="checkbox"/> an experienced player or <input type="checkbox"/> a beginner If experienced, please describe:	
Date of Birth:			
School:	T-Shirt Size: Please Circle One	Will you be bringing your own lacrosse stick or would you like to use one of Meadowbrook's? <input type="checkbox"/> Will bring my own <input type="checkbox"/> Use Meadowbrook's	
Completing Grade:	YS, YM, YL, AS, AM, AL, AXL		
She will attend for : <input type="checkbox"/> Mon. thru Friday \$375 She will only attend on the following days: \$ 75/day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		She will attend AfterCamp (available from 4 to 6 pm, at \$10 per hour) on the following days. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wed <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

Physician: _____ Phone# _____

Emergency Contact Numbers (Relatives, friends, or other responsible adult to call if we can not reach you in case of an emergency at the numbers listed above):

1. Name: _____ Phone # _____ Relation to camper _____

2. Name: _____ Phone # _____ Relation to camper _____

Please read the other side and sign below.

The above named participant has my permission to participate in Meadowbrook's Cross Stix lacrosse week. I have read and understood the camp policies on page 2.

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Signed:

**Please return with full payment of \$375 or \$75 per day to:
 Meadowbrook Day Camp, 10 Farm Road, Weston, MA 02493**

Meadowbrook Day Camp Cross Stix Program

REFUND POLICY, WITHDRAWALS, AND EARLY DEPARTURES

A partial tuition refund (\$375 less a \$25 processing fee) will be given for all withdrawal notifications received prior to June 1, 2009. There will be no refunds granted after that date or for dismissal of cause.

HEALTH REPORT

All participants must complete Meadowbrook's Health History Form and submit a doctor's printout stating the date of the last physical (must be within the past year), a complete record of immunizations, allergies, and a statement that there are no physical restrictions for your child.

LIABILITY RELEASE

I agree to release Meadowbrook Day Camp, its parent organization, and its staff of any and all liability and responsibility of any nature whatsoever and for any loss/damage to property or personal injury incurred during my son's/daughter's participation in the Cross Stix program.

PHOTO RELEASE

I give Meadowbrook Day Camp my permission for graphic images of or statements made by my child to be used in promoting camp activities through advertisements, brochures, videos, web sites, open houses and other promotional events. Names of individuals will not be included.

EXTENDED DAY

I agree to pay for the time my child participates in the extended day program at \$10 an hour. Accounts must be settled on the last day of the Cross Stix program.