

In order to enroll, you must return the following:

- n A completed application form and appropriate deposit amount
- n A signed Emergency/Medical Information and Releases form
- n A copy of your child's annual physical exam

# Belmont Hill School Sport Camps Application

Please complete this application and mail to: Belmont Hill Summer Programs | 350 Prospect Street | Belmont, MA 02478 | Or register online: [www.belmonthill.org](http://www.belmonthill.org)

## Applicant Information

Last Name	First Name	Ethnicity (optional)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	City	State	Zip	
Birthdate (month/day/year)	Age (at time of camp)	School Attending (Sept. 2010)	Entering Grade (Sept. 2010)	
How did you hear about the program?				
Parent/Guardian 1		Parent/Guardian 2		
Home Phone	Work Phone	Home Phone	Work Phone	
Email Address (required)		Email Address (required)		

A \$50 **nonrefundable** deposit made payable to Belmont Hill School Summer Programs is required for each camp/session. An insufficient funds charge of \$10 is assessed for each check returned. All charges are due and payable when billed, and a late charge of 1.5% (18% APR) may be applied to all charges unpaid as of the last day of the month.

## Sports

Please indicate the appropriate size for your camper's free tee shirt.

**Tee Shirt Size**

<b>Youth:</b>	<b>Adult:</b>
<input type="checkbox"/> small	<input type="checkbox"/> small
<input type="checkbox"/> medium	<input type="checkbox"/> medium
<input type="checkbox"/> large	<input type="checkbox"/> large
	<input type="checkbox"/> XL

Sport Camp Choice	Week	Fee	Deposit*	Balance**
Totals				

Strength and Conditioning			
Week and Time Slot	Fee	Deposit	Balance
Totals			

**Note: A minimum of three consecutive weeks is required. Fee is \$100 a week.**

\* All applications received must be accompanied by the required deposits to ensure enrollment.  
 \*\*Registration applications received after May 21 must be accompanied by full payment and proper medical forms.

# Emergency/Medical Information and Releases

Please complete this emergency form and mail to: Belmont Hill School Summer Programs | 350 Prospect Street | Belmont, MA 02478

## Health Care Provider Information

Student's Last Name	First Name
Student's Physician	Physician's Phone
Physician's Address	City State Zip

## Alternate Emergency Contact 1

First Name	Last Name
Relationship to Student	
Phone	
Alternate Phone	

## Alternate Emergency Contact 2

First Name	Last Name
Relationship to Student	
Phone	
Alternate Phone	

## Medical Information

Insurance Carrier	Group Number	Policy Number
Date of Last Tetanus Booster	Does the Student Wear Contact Lenses?	
Please Detail any Known Health Conditions/Impairments/Allergies/Medications		

**Proof of physical exam and immunization records:**  
Each camper must provide proof of a doctor's physical exam within the last **24 months**. Also, each camper's immunizations must be up to date; a physician's signed documentation of immunizations and their dates must accompany this application.

**The immunization requirements are as follows:**  
DPT: 4  
MMR: 2  
POLIO: 3 (if the same dose)  
POLIO: 4 (if mixed doses)  
HEPATITIS B SERIES: (3 shots minimum for anyone born on or after January 1, 1992)

**Emergency Care Release** In the event of an emergency in which time is an important factor and the School is unable to contact me, or an Alternate Emergency Contact listed above, I authorize the School Officials to exercise their best judgment, and hereby authorize them to approve necessary and urgent medical or surgical treatment and/or hospitalization in the interest of my child's welfare. I also give permission for medical information provided by me to be released to Health Care Providers who may need this information in order to treat my child in an emergency.

**Publications Release** I agree that the School may publish likenesses and photographs of the Camper and the Camper's name in print, videos, or on the School's website unless the School receives written notice from me to the contrary. Such written notice should be to the attention of the Director of Communications, Belmont Hill School, 350 Prospect Street, Belmont, MA 02478.

Parent/Guardian Signature

Date