

# 201) Camp Registration

HAMPTON  
**RACQUET**  
AT GREEN HOLLOW

SELECT YOUR CAMP:

Twinkle Stars (ages 3)  
Rising Stars (ages 4-7)  
Shooting Stars (ages 8+)  
Five Star Tennis (ages 8+)  
CIT Program (ages 13-15)

SELECT YOUR T-SHIRT SIZE:

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

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## STUDENT INFORMATION

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First Name

Last Name

Birth Date (MM/DD/YY)

Gender:

Male  
Female

Age

Grade (rising)

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## 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.

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Week(s):

June 22-June 26 - PRE CAMP

June 29-July 3

July 6-July 10

July 13-July 17

July 20-July 24

July 27-July 31

August 3-August 7

August 10-August 14

August 17-August 21

August 24-August 29 - POST CAMP

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Rate:

**Twinkle Stars & Rising Stars:**

1-3 Weeks	\$725 Half Days \$950 Full Days
4-7 Weeks	\$690 Half Days \$825 Full Days
8+ Weeks	\$625 Half Days \$750 Full Days

**5 Star Tennis & Golf:**

1-3 Weeks	\$950
4-7 Weeks	\$825
8+ Weeks	\$750

**C.I.T. Program** \$250 Weekly

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**ADD-ONS & DISCOUNTS**

Transportation	\$125 Weekly
Member Discount	10% off
Sibling Discount	10% off (per additional child)
Early Enrollment	10% off (offer expires 03/21/15)

\*Maximum of two discounts per camper

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## PAYMENT INFORMATION

Please note 50% deposit is due at time of registration. Balance to be paid upon first day of camp.

Credit Card

VISA

Mastercard

AMEX

Discover

Credit Card #

Expiration Date

Security Code

Billing Zip Code

Name on Card

Check

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Cash

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*As parent or guardian of the applicant, I hereby accept the condition of enrollment and give permission for my child to participate in Hampton Racquet programs. I agree to comply with all program regulations, and hereby remove camp site staff and management at Hampton Racquet from any and all liability for injury or damages incurred while involved in this program. Hampton Racquet retains the rights to any photographs or videotapes of the campers taken at camp to be used for publicity or advertising.*

Signature

Date

# HAMPTON RACQUET

AT GREEN HOLLOW

## 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:

\_\_\_\_\_

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

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

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Physician's Signature \_\_\_\_\_ M.D.

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_