

CHILD'S NAME: First \_\_\_\_\_ Last \_\_\_\_\_ Sex: M  F

JCC Membership # \_\_\_\_\_ Grade as of 9/2010 \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age as of 9/2010 \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

Parent/Guardian: Name \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ City/Town \_\_\_\_\_

Does your child receive any special services at school? \_\_\_\_\_

Does your child have any medical needs and/or allergies? \_\_\_\_\_

Please list all medications (including psychotropic drugs) that your child has taken in the last 12 months. \_\_\_\_\_

Is there anything we should know to make your child's camp experience more enjoyable? \_\_\_\_\_

How did you hear about the JCC Summer Sports Camps? \_\_\_\_\_

American Red Cross Swimming Skill Level (*please check*):

- Level I    Level II    Level III    Level IV    Level V or above

A medical form must be submitted prior to attending camp. The form may be based on an examination performed within the last 12 months.

I understand that my child will not be able to participate in camp activities until a completed application form and payment in full are received. I understand the camp's registration policies and agree to be responsible for the payment of all fees due. In the case of emergency I understand that the camp expects each child to be covered by medical insurance. I hereby give permission for the JCC to secure proper treatment.

Note: Bus transportation is not included in these fees. Please complete the Bus Service request form which may be included with your application.

Please mail this form along with your nonrefundable deposit as computed on reverse side to:  
Summer Sports Camps, Jewish Community Centers of Greater Boston, 333 Nahanton Street, Newton, MA 02459. Please keep a copy for your records. Early registration deposits are due by May 3, 2010. Final payments are due by May 18, 2010. Please direct all inquiries to [sports@jccgb.org](mailto:sports@jccgb.org) or call 617-558-6456.

*Please see reverse side*

# INDICATE THE CAMPS AND DATES REQUESTED BELOW:

**Mini-Sports** LFICMN\_\_\_\_M0  
(9am-1pm)

June 14-18     June 21-25

**Tri-Star Soccer** LFICTS\_\_\_\_M0  
(Full day: 9am-4pm; Half day: 9am-12pm)

July 19-23    Full  Half   
 August 16-20    Full  Half

**Wide World of Sports** LFICWW\_\_\_\_M0  
(9am-4pm)

July 12-16     July 26-30     August 2-6  
 August 16-20     August 30-September 3

**Basketball** LFICBB\_\_\_\_M0  
(Full day: 9am-4pm; Half day: 9am-12pm)

June 21-25    Full  Half   
 June 28-July 2    Full  Half   
 August 23-27    Full  Half

**Rich Gedman Baseball** LFICRG\_\_\_\_M0  
(Full day: 9am-4pm; Half day: 9am-12pm)

July 5-9    Full  Half   
 August 9-13    Full  Half

**Swim/Tennis Half-Day** LFICHT\_\_\_\_M0  
(9am-2pm)

June 28-July 2     July 5-9     July 12-16  
 July 19-23     July 26-30     August 2-6  
 August 9-13

**All\*Star Swim** LFICSC\_\_\_\_M0  
(Full day: 9am-4pm; Half day: 9am-1pm)

August 16-20    Full  Half

**Tennis** LFICYT\_\_\_\_M0  
(10am-4pm)

Weekly from June 21 to September 3  
Indicate weeks: \_\_\_\_\_

Tennis Early Drop-Off LFICBT\_\_\_\_M0  
Indicate weeks: \_\_\_\_\_

Tennis Extended Day LFICAT\_\_\_\_M0  
Indicate weeks: \_\_\_\_\_

I authorize the Jewish Community Centers of Greater Boston to take and use still or video photographs of my child for educational and marketing purposes. Children will not be identified by name.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit: \_\_\_\_\_ # of weeks x \$100.00

Total amount enclosed: \_\_\_\_\_

MC  VISA    Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Check (made out to JCCGB)

**Adventure: G.O.A.L.S.** LFICGO\_\_\_\_M0  
(9am-4pm)

August 2-6

**Golf: Three-Day Juniors** LFICG3\_\_\_\_M0  
(Tue, Wed, Thu: 9am-1pm)

Weekly from June 14 to September 3

Indicate weeks: \_\_\_\_\_

**Golf: Five-Day Juniors** LFICG5\_\_\_\_M0  
(9am-1pm)

Weekly from June 14 to September 3

Indicate weeks: \_\_\_\_\_

**Golf: Five-Day Players** LFICGP\_\_\_\_M0  
(9am-3pm)

Weekly from June 14 to September 3

Indicate weeks: \_\_\_\_\_

**Golf: Five-Day Play and Practice** LFITPP\_\_\_\_M0  
(9:30am-5pm)

Weekly from June 21 to August 27

Indicate weeks: \_\_\_\_\_

**Golf: Tournament Players** LFITGC\_\_\_\_M0  
(9am-5pm)

July 26-30     August 2-6     August 9-13

August 16-20

**Flying Fantasy Circus** LFICFF01M0  
(9am-4pm)

August 23-September 3

**Early Drop-Off** (LFICBR\_\_\_\_M0):

Please list camp(s) and dates: \_\_\_\_\_

**Extended Day** (LFICAR\_\_\_\_M0):

Please list camps(s) and dates: \_\_\_\_\_