



**Hammel Tennis Camps and New England Tennis Academy - New Hampshire at
Longfellow New Hampshire Tennis and Swim Club**

140 Lock Street Nashua, NH 03064 • (603) 883-0153

Nick Wagner, Director of Junior Tennis: Nick@longfellownewhampshire.com

Summer Camps at Longfellow - New Hampshire Summer 2019

APPLICATION and REQUIRED FORMS

Please return the following required forms:

- **2019 Summer Camp Application, Schedule and Fees**
- **Release of Liability Form**
- **Authorization to Transport and Photo Waiver**
- **Physical and Immunization Form – from your child’s physician**

[Note: Campers, *including walk-ins*, cannot participate in camp until all these forms have been completed and returned to the Longfellow New Hampshire Tennis and Swim Club. There will be no exceptions to this policy. If you have any questions, please contact Nick Wagner at: Nick@longfellownewhampshire.com]

Please return (if needed):

- **Authorization to Administer Medication Form**
- **Transportation Form (for shuttle from Bedford and Milford NH)**



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2019 SUMMER CAMP APPLICATION -- REQUIRED

Last Name _____ FirstName _____

Date of Birth _____ Age _____ Grade in Fall '19 _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent's Name(s) _____

Work Phone(s) _____

Cell Phone(s) _____

Email Address _____

(Note: Confirmations will be emailed so please print clearly.)

Emergency Contacts (other than parent):

1. Name _____ Relationship _____

Telephone _____

2. Name _____ Relationship _____

Telephone _____

Health Insurance Company: _____ Policy # _____

Name of Child's Physician _____ Telephone: _____

Please give us any information about your child that we may need to know, such as health issues, behavioral issues, activity, or diet restrictions or allergies:

Will your child need to take medication at camp? _____

(If yes, please complete the "Authorization to Administer Medication to a Camper" Form)

Signature parent/guardian _____

This camp complies with regulations of the New Hampshire Department of Environmental Services (NH Rev Stat § 485-A:24 (2017)). Parents have the right to review background checks, health care, discipline policies and grievance procedures upon request. Longfellow prohibits discrimination on the basis of race, color, national or ethnic origin, ancestry, religion, sex, sexual orientation, age, physical or mental disability, and veteran or other protected status. The policy extends to all rights, privileges, programs and activities including admission, employment, education and athletics.



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SCHEDULE AND FEES (Part I) -- REQUIRED

Name of Child _____ Age _____

Please circle which camp your child will attend:

- | | | | |
|------------------------------------------------|--------------------|---------------------|--------------------|
| NETA - NH | Full Day (9am-4pm) | Half Day (9am-12pm) | Half Day (1pm-4pm) |
| Tennis/Swim
and Sports
Camp | Full Day (9am-4pm) | Half Day (9am-12pm) | Half Day (1pm-4pm) |
| Red Ball
Revolution
Tennis Camp | Full Day (9am-4pm) | Half Day (9am-12pm) | Half Day (1pm-4pm) |

Summer Camp Schedule:

Please check the week(s) of camp or check the days if not attending full week:

	Full Week	MON	TUES	WED	THUR	FRI
Week 1 – June 24 - 28						
Week 2 – July 1 – 5 (No Class 7/4)						
Week 3 – July 8 – 12						
Week 4 – July 15 – 19						
Week 5 – July 22 – 26						
Week 6 – July 29 – Aug 2						
Week 7 – Aug 5 - 9						
Week 8 – Aug 12 – 16						
Week 9 – Aug 19 - 23						



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SCHEDULE AND FEES (Part II) -- REQUIRED

New England Tennis Academy – NH

	Before 05/15/2019	After 05/15/2019
Full Day Weekly Rate 9am-4pm	\$595	\$645
Unlimited Weeks	\$1895	\$1970
Full Day Rate 9am-4pm		\$145
Half Day Rate 9am-12pm or 1pm-4pm		\$75

Tennis/Swim and Sports Camp

	Before 05/15/2019	After 05/15/2019
Full Day Weekly Rate 9am-4pm	\$300	\$350
Unlimited Weeks	\$1450	\$1700
Full Day Rate 9am-4pm	\$80	\$90
Half Day Rate 9am-12pm or 1pm-4pm	\$50	\$60

Red Ball Revolution Tennis Camp

	Before 05/15/2019	After 05/15/2019
Full Day Weekly Rate 9am-4pm	\$200	\$250
Unlimited Weekly	\$950	\$1100
Full Day Rate 9am-4pm	\$50	\$60
Half Day Rate 9am-12pm or 1pm-4pm	\$30	\$40
Unlimited Half Day	\$550	\$750



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Credit Card Payment Authorization Form

Sign and complete this form to authorize Longfellow New Hampshire Tennis and Swim Club to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated.

Please complete the information below:

I _____ authorize Longfellow New Hampshire Tennis and Swim Club to charge my
(full name)

credit card account indicated below for _____ on today's date of _____. This payment is
(amount) (MM/DD/YYYY)

for _____.
(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



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Required items to bring to camp:

- Tennis Racquets
- Comfortable Clothes and Athletic Shoes
- Water Bottle
- Sun Block
- Bug Spray
- Bathing Suit and Towel
- Sunglasses and Hat
- Snack and Lunch for All Day Campers

Additionally, it is important to remember to pack any prescription medications or supplements your child may need while at camp. These things should be individually bagged and marked with your child's name and left in the camp office with a camp counselor or director who is familiar with the required frequency and dosage. This person will see to it that your child receives his or her medication daily and has it to take home at the end of camp.



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AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
A parent has to complete this form if your child will be taking medication at camp.

Name of Camper _____ **Date of Birth** _____ **Age** _____

Any food or drug allergies: _____

Diagnosis (at parent's discretion) _____

Parent's Name(s) _____

Work Phone(s) _____

Cell Phone(s) _____

Name of Licensed Prescriber _____ Telephone _____

Name of Medication _____ **Dose Given at Camp** _____

Frequency _____ Possible Side Effects/Adverse Reactions _____

Special Directions _____

I hereby authorize Hammel Tennis Camp to administer to my child, _____, the medication(s) listed, in accordance with Env-Wq 907.11.

Env-Wq 907.11 Administration of Medication.

- (a)** The availability, use, and possession of epinephrine auto-injectors and asthma inhalers shall be as specified in RSA 485-A:25-b through RSA 485-A:25-g, as reprinted in Appendix B.
- (b)** Prescription medications other than those listed in (a), above, and non-prescription medications other than topical substances shall be administered to campers only by authorized staff and only in accordance with the applicable medication order.
- (c)** If a camper's parent or legal guardian provides written permission, YRC staff who have not been trained as specified in Env-Wq 907.12(a) may administer non-prescription topical substances to the camper.
- (d)** Authorized staff shall administer only those prescription medications for which there is a prescription label or written directions provided by a physician or APRN who is legally authorized to write the prescription and written permission from the camper's parent or legal guardian.
- (e)** Medication orders shall be valid for no more than one year.
- (f)** Each medication order shall legibly display the following information: (1) The camper's name; NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES 25 Env-Wq 900 (2) The name, strength, prescribed dose, and method of administration of the medication; (3) The frequency of administration of the medication, or if the medication is to be used on an as needed basis, the information specified in (g), below; and (4) The dated signature of the camper's parent or legal guardian or a licensed health care practitioner for orders other than as shown on the prescription label.
- (g)** A medication order from a parent or legal guardian or a licensed health care practitioner regarding any medication that is to be administered as needed shall include: (1) The indications and any special precautions or limitations regarding administration of the medication; (2) The maximum dosage allowed in a 24-hour period; (3) The dated signature of the parent or legal guardian for topical substances and non-



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prescription medication; and (4) For orders other than as shown on the prescription label, the dated signature of the licensed health care practitioner for prescription medication.

(h) A written order regarding prescription medication shall not be changed except by a physician or a licensed health care practitioner having legal authority to prescribe.

(i) All prescription medications, including physician medication samples, shall: (1) Bear a label that legibly displays the information described in (f)(1)-(3), above; and (2) Be stored, dispensed, and administered in accordance with: a. RSA 318 and requirements adopted pursuant thereto by the New Hampshire board of pharmacy; and b. RSA 326-B and requirements adopted pursuant thereto by the New Hampshire board of nursing.

(j) All non-prescription medication and topical substances shall be kept in the original containers and properly closed after each use.

(k) The YRC may provide age-appropriate non-prescription topical substances, such as sunscreen, insect repellent, and over-the-counter anti-itch or anti-bacterial creams or ointments, and common non-prescription medications such as over-the-counter pain relievers and gastro-intestinal calming agents to a camper with the written permission of the camper's parent or legal guardian.

(l) Any items provided pursuant to (k), above, shall be stored and administered as specified in this section.

(m) The director shall return any remaining medication and topical substances provided by a camper's parent or legal guardian to the parent or legal guardian when the camper departs the YRC.

Parent/Guardian Signature _____ Date _____

HTC Authorized Staff Signature _____ Date _____



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RELEASE OF LIABILITY -- REQUIRED

Name of Child _____

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child’s participation in Hammel Tennis Camp, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking and the use of any equipment in connection with the activities. I, on behalf of myself, my child, and any other parent of the child, understand that my child may be involved in activities including the following but not limited to arts and crafts, swimming, and team building initiations and tennis, and/or any other physical undertakings.

ACKNOWLEDGEMENT OF RISK: I recognize that there is inherent danger in any activity which involves exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of activities in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activities and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participation in the activities. I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. Hammel Tennis Camp has my permission to use photos of my child in promotional Hammel Tennis Camp literature.

RELEASE AND HOLD HARMLESS: In consideration of my child’s participation in the activities, I, for myself, for my child, and for any other parent of the child, do **hereby RELEASE AND AGREE TO HOLD HARMLESS** Longfellow, its trustees, officers, employees, and agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are result of gross negligence of the party or parties released herein.

ACKNOWLEDGMENT: in signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The State of New Hampshire. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and or respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



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TRANSPORTATION – Shuttle To/From Longfellow New Hampshire

\$25 one way / \$40 round trip per week

(This is transportation for drop/off at beginning of camp day and pick/up at end of camp day. If your child is transported during the camp day to an event related to camp, there is no charge for transportation.)

Camper Name _____ Parent Name _____

Address _____

City _____ Zip _____

Phone (h) _____ Phone(c) _____

(Please put date of camp and place where YOU will drop off and pick up camper.)

Week of Camp	Drop Off/Pick Up Site	Cost	Total
1.			
2.			
3.			
4.			
5.			
6.			
Total Amount Due			

The camp van cannot be held for any late pick ups.

Morning pick up schedule:

**8:00 AM
Bedford NH High School (in front of gymnasium entrance)
47 Nashua Rd, Bedford NH**

**8:30 AM
Toadstool Book Store parking lot
614 Nashua St, Milford NH**

Afternoon drop off schedule:

**4:45 PM
Toadstool Book Store parking lot
614 Nashua St, Milford NH**

**5:15 PM
Bedford NH High School (in front of gymnasium entrance)
47 Nashua Rd, Bedford NH**



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Parents/caregivers must pick up their own children unless special provisions are requested and approved below:

SIGNED

DATE

I grant to The Longfellow Health Clubs, its representatives and employees the right to take photographs of me and my property. I authorize The Longfellow Health Clubs, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The Longfellow Health Clubs may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Parent/Guardian Signature

Date

Parent/Guardian Printed Name