

# Summer Discover 2010

## Career Exploration and Sports Camp

### 11-14 yr old CORE Camp

Session 1 - July 5 - 16

or

Session 2 - July 19 - 30

### 10 days - 9:00 am to 3:30 pm

**\*Check off all that you are attending\***

Last

First

Camper Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of June 2010: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Friend/Relative Phone: (\_\_\_\_) \_\_\_\_\_ Name & Relation: \_\_\_\_\_

Campers, please place a 1, 2, 3, and 4 next to the four careers that most interest you. Assignments will be made based on availability. We reserve the right to cancel career areas if minimum enrollment is not made. Any child with severe food allergies may be restricted from participating in any of our cooking programs.

Electronics _____	Cosmetology _____	Plumbing _____	Electrical _____
Pastry Making _____	Videotape _____	Automotive _____	Graphic Arts _____
Culinary Art _____	Woodworking _____	Web Design _____	Robotics _____
Metals _____	Commercial Art _____	Sports & Rec _____	

Are you interested in extended day?   
 Would you like to be added to a carpool list?

**\*Check off all that you are interested in\***  
**Information will be sent closer to the start of camp**

Please include an e-mail address. \_\_\_\_\_

This will be used for daily camp bulletins and up to date information.

**\*Please be sure to fill out both sides of this application\***

**\*IMMUNUZATIONS\***

Please provide a recent immunization record or school health record when submitting this application. Record must be within 24 months of camp start date. No registrations will be processed without an up to date immunization and a parent or guardian signature giving permission for all camp activities.

**\*Parent / Guardian permission\*  
form for all activities**

I hereby give my permission for my child to participate in all activities of Summer Discover Camp. I understand and accept that neither Summer Discover nor anyone with Keefe Technical School will be held liable for accidents of medical or dental expenses incurred as a result of the program. Campers are responsible for property damage and may be sent home without a refund for violation of camp rules. In the event of injury or illness, the camp has my permission to provide medical care. I intend this statement to take effect as a sealed instrument.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

**\*Registration begins on\*  
Monday January 4<sup>th</sup>, 2010.**

**All registrations are  
processed in the order they  
are received.**

**\*Confirmations will be sent in April\***

**Mail or deliver to:**

Keefe Tech Summer Discover  
750 Winter Street, Framingham, MA 01702  
Phone: (508) 416-2211 Fax: (508) 620-8968 Web-site: www.keefetech.org

For office use only- Camper ID#

\_\_\_\_\_

Session 1—July 5 – 16, 2010 \$525.00 ( \$200.00 NON-refundable deposit with application )

Session 2—July 19 – 30, 2010 \$525.00 ( \$200.00 NON-refundable deposit with application )

**Deposit needed for each session**

Total Due \$ \_\_\_\_\_

Check # \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_