

Summer Discover 2010

Career Exploration and Sports Camp

8 – 10 yr old INTRO 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: _____

Intro campers will be introduced to some of our CORE career choices.
Children with severe food allergies may be restricted from participating in any of our cooking programs.

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 4th, 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 ____/____/____