

Complete Squash Camps Application Form
(Please take the printout and fill out this form completely)

- The program rents Harvard facilities and is not sponsored by Harvard University. Harvard is not able to exercise supervision or control over the activities of CompleteSquash at Harvard
- My child is required to provide his/her own equipment that is in good condition and adequate for the uses required for her/his participation in the program.
- I understand that lost equipment and personal belongings are not the responsibility of CompleteSquash at Harvard.
- I will instruct my child to obey the rules of CompleteSquash at Harvard.
- If my child disobeys the camps rules, I agree that my child may no longer be able to participate in the program and that my fees paid for attending CompleteSquash at Harvard will not be refunded.
- My child is physically able to participate in the program and has no medical condition which could effect his/her participation.

My child's primary care physician is and can be reached at the following telephone number	
My child has the following allergies	

I have attached a medical questionnaire to this application and state that it is true and complete.
 I grant CompleteSquash at Harvard the right:

- a) to take appropriate actions for my child's health and safety.
- b) to obtain any necessary medical assistance.
- c) to use photos of my child(ren) in camp publications.

I will be fully responsible for all medical expenses incurred by my child while attending the program.

My child is covered by health insurance, my policy/reference/subscriber number is	
(We) have read and freely signed this agreement which shall take effect as a sealed instrument	
Parent / Guardian signature	
Printed name	
Alternative Contact if parent is not available	
Work telephone	
Home telephone	

CompleteSquash, P.O Box 380231, Cambridge, MA 02238.
 CompleteSquash camp is governed by regulations of Massachusetts.
 Department of Public Health (105 CMR 430-000), and is licensed by the Boston Board of Health.
 Information on 105 CMR 430-000 can be obtained at (617) 983-6761.

Child's Name	
Sex	
Address	
City	
State	
Zip	
Country	
Age	
Rank	
School	
E- Mail	
Zip	
Day Phone	
Evening Phone	
E- Mail	

Camp Rates	Day camper	Boarder	Weekend Stay Optional	Deposits	Check Your Preference
Adult Squash Camp Week 1: July 13-15, & 17 2010	\$ 399				
Adult Squash Camp Week 2: July 20-22 & 24 2010	\$ 399				
Adult Squash Camp Week 1 & 2	\$ 599				
Squash Basics Week July 11 - 16 2010	\$ 1,099	\$ 1,199	\$ 150	\$ 500	
Elite Week July 18 - 23 2010	\$ 1,499	\$ 1,599	\$ 150	\$ 500	
2 Week Special July 11 - July 23, 2010	\$ 2,099	\$ 2,299	\$ 150	\$ 1000	

Airport transfer if needed: \$75 each way

Please fill in the required information and include deposit as stated above and mail this form to
Complete Squash, P.O Box 380231 Cambridge, MA 02238 by May 15th, 2009.
Make check payable to Complete Sports Solutions. All deposit/s are non-refundable after May 15, 2009

CompleteSquash
P.O Box 380231
Cambridge, MA 02238
Phone / Fax : 617- 491-3234
info@css-sport.com