



## **2019 Summer Camp**

**MONDAY - FRIDAY**

**JULY 15-19 9am-3pm**

**@ Paxton Center Fields**

**COST : \$220 per week (Siblings pay \$195 per week)**

**Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town/St/Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact & Phone** \_\_\_\_\_

**Medical Conditions** (allergies, medications, illnesses, injuries, etc)  
\_\_\_\_\_

*The applicant and his parent or guardian understand and assume all risks inherent with participation in the camp and therefore agree to hold harmless McNamara Camps and others associated with the camp. It is also understood that the parent and/or guardian is responsible for all medical expenses arising from injury or illness.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Insurance Company & Policy #** \_\_\_\_\_

**\*Please attach Physical Exam & Immunization Shots\***

Checks Payable to: McNamara Camps  
P.O. Box 151  
Holden, MA 01520