

# Rocket Camp Basketball Programs Summer Camp 2025 Registration Form



Campers entering grades 4th-9th  
Rashi School Dedham, MA

Please check week(s):

_____	<b>Week 1</b>	<b>June 25 - July 1</b>	<b>W-Th 8:30AM-3:00PM, F 8:30-1:00PM</b>	<b>\$480</b>
		<b>(Wednesday-Tuesday)</b>	<b>M-T 8:30AM-3:00PM</b>	
_____	<b>Week 2</b>	<b>July 7 - July 11</b>	<b>M-Th 8:30AM-3:00PM, F 8:30-1:00PM</b>	<b>\$480</b>
_____	<b>Week 3</b>	<b>July 14 - July 18</b>	<b>M-Th 8:30AM-3:00PM, F 8:30-1:00PM</b>	<b>\$480</b>

A complete registration form is required to be enrolled in camp.

- Completed registration form with two emergency contacts
- A copy of a physical (within 18 months of camp) and all required immunizations. See required immunization list
- Full Payment with a check made out to Rocket Camp Basketball Programs
- Initial all 2025 Rocket Camp Policies.
- If needed, completed authorization to administer medications form.
- Mail to: Rocket Camp, 2 Marshall Ave, Natick, MA 01760

**This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.**  
Please be aware that you have the right to review background checks, health care and discipline policies, and/or grievance procedures upon request.

## Registration Form (continued)

Print neatly, all information required:

Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade (as of Sept. 2025): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

T-shirt size: YL, YXL, S, M, L, XL (circle one)

Parent/Guardian

Name(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact name and phone number

(Family Member): \_\_\_\_\_

Emergency Contact name and phone number

(Non family Member): \_\_\_\_\_

### Medical Information

Health Insurance Carrier: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_

Campers insurance #: \_\_\_\_\_

# Rocket Camp Summer 2025

## Policies and Procedures

**These policies are non-negotiable. Please read carefully; you will need to sign below that you fully understand the policies.**

### **Late Camper Pick up.**

This was a repeated issue last year for some families. Parents who are over 10 minutes late picking up their child will be charged \$25 for every 10 minutes you are late.

Initial here \_\_\_\_\_

### **Cancellation Policy.**

If a camper is registered and cancels for any reason prior to May 1st, you will receive a refund less than 50% of the camp fee. After May 1st, you will receive a \$50 refund. After camp starts there are no refunds for camp fees for any reason.

Initial here \_\_\_\_\_

### **Discipline Policy**

If your child is asked to leave camp due to a discipline issue you will not receive a refund. The discipline policy includes, but is not limited to, inappropriate language, fighting, bullying, not respecting teammates or coaches and being disrespectful to staff or other campers. There is construction happening this year at the Rashi School and ALL campers will need to understand and follow the expectations of being a member of the Rocket Camp Community.

Initial here \_\_\_\_\_

By enrolling a camper, a parent/guardian agrees that the camper is able to participate in all the activities and releases the Rashi School, the camp staff, and Rocket Camp Basketball Programs LLC from any liability. By signing you authorize the camp director and staff to act for you according to their best judgement in any emergency requiring medical attention.

### **Parent/Guardian Signature**

**REQUIRED:** \_\_\_\_\_

I give permission for my child to be photographed for the Rocket Camp website.

Yes \_\_\_\_\_ No \_\_\_\_\_

# Rocket Camp Basketball Programs Authorization for Non-Parent Pick-Up

Name of Camper(s)

\_\_\_\_\_

I authorize the following people to pick up my child at camp.  
Please note we may ask for identification from any non-parent driver.

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

**Rocket Camp Sunscreen/Insect Repellent Policy**

**Summer 2025**

I give **Rocket Camp Basketball Programs** permission to provide  
\_\_\_\_\_ (name of camper)  
with sunscreen during camp hours. \* Sunscreen will be SPF 50 or  
greater.

Parent or Guardian Signature \_\_\_\_\_

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

I give **Rocket Camp Basketball Programs** permission to provide  
\_\_\_\_\_ (name of camper)  
insect repellent during camp hours.

Parent or Guardian Signature \_\_\_\_\_

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