



2017 Camper Information Form

Please type or print neatly the following information and sign all policies and authorizations.

Camper Information

First and Last Name: _____ Birthdate: ____/____/____ Gender: _____

Grade in the Fall: _____ School Attending in the Fall: _____

T-Shirt Size (circle one): **YS YM YL AS AM AL AXL**

Photo Waiver: I give permission for any photos taken at camp to be used for promotional material at the DFC, including but not limited to the Facebook page, website, and newsletter: **Yes** _____ **No** _____

Parent/Guardian Information

Parent/Guardian(s): _____ Best Phone Number(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email address to be used for camp announcements & information: _____

Duke Faculty Club Member: Yes _____ If yes, what is the membership name: _____

No _____ If no, what is your Duke Unique ID: _____

Local Emergency Contact other than parent/guardian:

Name: _____ Best Phone Number(s): _____

Camper Release Authorization

Please provide the names and telephone numbers of individuals other than parents or emergency contacts who are authorized to pick up your child from camp.

Name	Phone #	Relationship to child
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Parents, emergency contacts, and the individuals listed above are the only individuals permitted to pick up your child from camp. If an individual is not on this list, they will not be allowed to pick up your child. Any additions or deletions to this list during the summer must be made in writing to the camp director.

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For Office Use Only:
DATE & TIME RECEIVED: _____
OFFICE STAFF INITIALS: _____

Health and Medical Information

Please provide us with a list of allergies and intolerance to food, medication, or any other substances that you think we should know about, and actions to take in an emergency situation.

Please provide us with details regarding any pertinent developmental information or chronic physical problems that affect your child.

Medical Authorization

I certify that my child(ren) is/(are) in good health and can participate in the activities of the Duke Faculty Club Camps. In case of any injury I grant DFC staff permission to administer standard first aid treatment on site. If I cannot be reached and the injury is deemed serious, I grant DFC staff permission to arrange transport for my child to the nearest medical facility equipped to handle the injury. I accept full responsibility for any medical expenses incurred as a result of these injuries.

Parent/Guardian Signature _____ Date _____

Behavior Policy

In order to ensure that the Duke Faculty Club Camps are a safe and supportive environment for all campers, we follow a strict behavior policy. All campers will show respect for themselves, other campers, and the Duke Faculty Club staff. Campers are expected to use appropriate language, follow the directions of the counselors, and refrain from any behavior that will emotionally or physically harm another camper. If a camper is displaying behavior that is not consistent with these expectations, the proceeding steps will be followed:

1. Verbal warning from the counselor – The counselor will take the camper aside from the group and discuss why the behavior is unacceptable and focus on helping the camper exhibit the desired behavior.
2. Loss of privileges – If the behavior continues, the camper will lose privileges (sit out of the current activity and/or lose pool time).
3. Conference with the Camp Director – The Camp Director will schedule a conference with the parent or guardian and the camper to discuss continued inappropriate behavior.
4. Dismissal from camp – If the behavioral issues have not been resolved, the camper will be dismissed from camp. No refunds will be given for campers sent home for behavioral reasons.

I have read and understand what is expected of my child while attending the Duke Faculty Club Camp. I understand the policies in place for managing any inappropriate behavior and understand that a refund will not be given for any campers dismissed for behavioral reasons.

Parent/Guardian Signature _____ Date _____

Cancellation and Transfer Policy

All camp cancellations and transfers must be made via email with the Camp Director. **Please read all cancellation and transfer policies below:**

- Cancellations of weekly sessions or optional add-ons (bagged lunch, extended camp, and swim lessons) must be made no later than 7 days prior to the enrolled session to allow for a partial refund.
- Refunds will not be given for any cancellations made within 7 days of the enrolled session.
- All cancellations will incur a cancellation fee of \$50 per camper per session. For Tiny Tennis, the cancellation fee is \$10 per camper per session.
- Transfer requests must be made no later than 7 days prior to the enrolled session, space permitting.
- Transfers within 7 days of the enrolled session will not be permitted.
- Any requests to transfer between DFC Camps will incur a \$25 transfer fee.

I have read and understand the Duke Faculty Club cancellation policy and agree to any fees or loss of refund in accordance with the timelines set within this policy.

Parent/Guardian Signature _____ Date _____



2017 Tennis Camp Registration Form

Please type or print neatly the following information and submit this form **with the Camper Information Form**. A 50% deposit is due at the time of registration. All camps paid in full by March 15 will receive the discounted rate. All other registration balances must be paid in full by June 5th. Unpaid balances after June 5 will incur a \$100 late fee. After June 5 all fees must be paid in full at the time of registration.

Camp Fees	Paid in Full by 3/15/17	Register and Pay On or After 3/16/17	Optional Add-Ons
DFC Members			AM Extended Camp (7:30-8:30am) - \$25/week PM Extended Camp (3:45-5:30pm) - \$50/week Weekly Swim Lessons - \$50/week Pre-register Weekly Bagged Lunches - \$30/week
Full Day Session	\$240	\$280	
Duke Employees			
Full Day Session	N/A	\$295	

Please enter the fee for any registrations and optional add-ons in the corresponding spaces below.

Weekly Sessions	Camp	Extended Camp	Bagged Lunch	Swim Lessons	Balance
1 June 12 – 16 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
2 June 19 - 23 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
3 June 26 – 30 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
<i>*No camp July 3-7</i>					
4 July 10 – 14 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
5 July 17 – 21 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
6 July 24 – 28 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
7 July 31 – August 4 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
8 August 7 – 11 (FD)	\$ _____	AM \$ _____ PM \$ _____	\$ _____	\$ _____	\$ _____
Total :					\$ _____

Only cash or check will be accepted as payment. Please make checks payable to **Duke Faculty Club**.

Forms and payment may be sent to:
 Duke Faculty Club
 Box 90978
 Durham, NC 27708

For Duke Faculty Club Office Use Only

Deposit Amount \$ _____	Date Received _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Balance Due: _____
Balance Amount \$ _____	Date Received _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Balance Due: _____
Deposit Amount \$ _____	Date Received _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Balance Due: _____
Balance Amount \$ _____	Date Received _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Balance Due: _____