



AT BRUNSWICK SCHOOL
1252 KING STREET, GREENWICH, CT

AUGUST 16-20, 2010

9:00AM-3:00PM

Boys & Girls, Ages 6-13



SPORTS CAMP

By Popular Demand
Extra Week • New Location



AT BRUNSWICK SCHOOL

1252 King Street, Greenwich, CT

For Boys and Girls, Ages 6-13



Baseball • Basketball • Soccer • Flag Football • Team Handball • Lacrosse

I would like to enroll the following camper(s) in Sports Camp at Brunswick School:

1st Camper Name: _____ 2nd Camper Name: _____

Home Phone: () - _____

Please check the box below, and read and sign the waiver to sign up!

ESF Sports Camp **August 16 - August 20, 2010** **\$615.00**

PLEASE READ AND SIGN BELOW:

On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in the camp and its activities. I understand that my child should not attend the camp if he/she is not healthy. I understand that my child must abide by camp policies and the instructions of the camp staff. I agree that should my child be dismissed from camp no part of my tuition will be refunded. I understand that no reduction in the tuition will be made for late arrival, early departure, vacations, illness or injury. In the event that I can not be contacted in an emergency, I hereby grant ESF, Inc.(ESF) permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child at camp and ESF has the right to utilize these in our brochures, videos, slide shows, web site, and other camp materials. Knowing these facts and in consideration for your accepting my child's application, I, for myself, my child attending the camp, and anyone else who might claim on my or my child's behalf ("I"), hereby agree that neither ESF nor Brunswick School are responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the camp and, accordingly, I covenant not to sue, and waive, release, and discharge ESF, Brunswick School, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the camp. I have carefully read all of the information in this application form and agree to all conditions.

Signature _____ Name of Parent/Guardian _____ Date ____ / ____ / ____

Full payment is due with this application.

Make checks payable to: ESF Summer Camps
 Drop-off this form at the P.O. Box 7789
 Camp Office, or mail to: Greenwich, CT 06836-7789

**Sports Camp runs
 Monday through Friday
 from 9:00 AM to 3:00 PM.
 Extended day available
 from 8:00 AM to 6:00 PM.**

