



Chequessett Club  
Kids Summer Camp Enrollment Form

**REGISTRATION**

Registrant: \_\_\_\_\_

Camper: \_\_\_\_\_

*Last, First*

\_\_\_\_\_  
*Nickname*

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

**Please check off each session(s) your child will attend:**

- | <b>Dates</b>                       | <b>Theme</b>           | <b>Dates</b>                      | <b>Theme</b>              |
|------------------------------------|------------------------|-----------------------------------|---------------------------|
| <input type="radio"/> 6/22 – 6/26  | Summer, Aloha          | <input type="radio"/> 7/20 – 7/24 | Pirates of the Caribbean  |
| <input type="radio"/> 6/29 – 7/03* | Independence Parade    | <input type="radio"/> 7/27 – 7/31 | Celebrate Wellfleet       |
| <input type="radio"/> 7/06 – 7/10  | Chequessett Navigators | <input type="radio"/> 8/03 – 8/07 | Scavenging the Mud Flats  |
| <input type="radio"/> 7/13– 7/17   | Life Below the Bay     | <input type="radio"/> 8/10 – 8/14 | “The Big Summertime Bash” |

\*7/4 campers will participate in Town of Wellfleet Parade.

## PRICING AND PAYMENT

**Early bird pricing is available until April 15, 2026**

*\*Pricing per camper*

**Are you a member at Chequessett Club?**

Member Pricing

\$530 per session

\$3,985 for all 8 sessions

*Cost after April 15: \$565 per session*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Are you a full-time residence in Cape Cod?**

Full-Time Cape Resident (non-member)

\$615 per session

\$4,560 for all 8 sessions

*Cost after April 15: \$700 per session*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Non-Member Pricing**

\$725 per session

\$5,300 for all 8 sessions

*Cost after April 15: \$850 per session*

Camp lunch is available on a weekly basis. The menu includes tasty and healthful lunch offerings with attention to allergies and dietary restrictions.

\_\_\_\_\_ Yes, \$80.00 per/week

\_\_\_\_\_ No, will bring lunch

## CHECK OR CREDIT CARD PAYMENT

Enclosed check payable to: CYCC Kids Camp, for registration & lunch if applicable

Credit Card #: \_\_\_\_\_ CVV: \_\_\_\_\_

Exp: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## MAILING ADDRESS

Chequessett Club/Kids Camp

P.O. Box 779

Wellfleet, MA 02667

## GENERAL CAMPER INFORMATION

Camper's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of 6/24/26): \_\_\_\_\_

Grade Completed: \_\_\_\_\_  
as of 6/24/26

Gender: Male      Female

Date of Last Physical: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Sweatshirt Size	Please circle one		
Youth XS S	M	L	XL
Adult XS S	M	L	XL

Dominant Club/Racquet Sports hand:

Left      Right      Not Sure

Please select Campers ability for the activities listed below:

Swimming	Beginner	Intermediate	Advanced
Sailing	Beginner	Intermediate	Advanced
Golf	Beginner	Intermediate	Advanced
Tennis	Beginner	Intermediate	Advanced

My child **REQUIRES** a life jacket during recreational swimming/sailing:

\_\_\_\_\_ Yes      \_\_\_\_\_ No

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian (1) Full Name: \_\_\_\_\_

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

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

Parent/Guardian (2) Full Name: \_\_\_\_\_

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

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

## EMERGENCY CONTACT INFORMATION

The following people (other than parent/guardian) may pick up the child from Chequessett Club Kids Camp. **Campers must be dropped off and picked up from camp.**

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

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

## HEALTH & INSURANCE INFORMATION

Please attach a copy of the child's most recent physical. Physicals must have been performed within the last 12 months. **This is required by the Commonwealth of Massachusetts.**

Allergies:

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Food/Dietary Restrictions:

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Medical conditions, physical disabilities, health concerns, or relevant medical history:

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Medication(s):

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Health Insurance Company & Policy:

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Primary Health Care Provider (Name & Phone):

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Additional information:

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Unless prior arrangements have been made with Chequessett Club Management, a child will not be reserved a spot in Kids Camp until ALL the following items have been received:

- \_\_\_\_\_ Completed 2026 Enrollment Form
- \_\_\_\_\_ Copy of most recent physical exam or comparable health certificate
- \_\_\_\_\_ Chequessett Club Child/Parent Agreement
- \_\_\_\_\_ Payment

Please return the completed form to:  
Kids Camp at the Chequessett Club  
PO Box 779  
Wellfleet, MA 02667  
OR email: [office@chequessettclub.com](mailto:office@chequessettclub.com)

## CYCC CHILD/PARENT AGREEMENT

**Must be signed by parents and understood by the child. A signed copy of this agreement must be returned to CYCC along with the Enrollment Form.** It is important that all campers and parents have a full understanding of, and be in agreement with the overall CYCC philosophy, ideals, and goals related to group activities and community involvement.

I understand that there are numerous risks associated with participation in the CYCC Kids Camp, including but not limited to activities such as sailing, swimming, tennis, and hiking. A complete listing of inherent and other risks is not possible and there may be some risks that cannot be anticipated. Risks that contribute to the unique character and desirability of the activities involved pose the possibility of severe injury, illness, or death.

Initials \_\_\_\_\_

I further understand that the activities involved will take place in an outdoor environment and upon open water where unalterable weather conditions may pose risks beyond the control of CYCC. **If a threat of dangerous weather or conditions not suitable for scheduled activities should arise, under the discretion of the Camp Director, the camp may be postponed or canceled.**

Initials \_\_\_\_\_

I understand CYCC reserves the right to determine whether or not a child is able to meet the physical and emotional rigors of the program. The parent or guardian signing below understands that CYCC relies upon the information contained in the application, medical form, and other forms provided on behalf of the child. The parent or guardian below assumes all risk of loss arising from information that may not be accurate or complete and agrees to indemnify CYCC, its officers, directors, successors, and assigns all claims for loss, damage or injuries sustained to the child and relating to such incomplete or inaccurate information. I further understand that CYCC is not a therapeutic program or treatment center.

Initials \_\_\_\_\_

Furthermore, it is understood by parents and children and is agreed that:

- Cell phone use will not be allowed during the day's activities. If the child brings a cell phone, the phone will remain secured in the CYCC Camp Supervisor's office until the day's activities are over.
- There shall be no smoking or use of smokeless tobacco products by participants at any time.
- There shall be no drinking of alcoholic beverages by children on CYCC property, use of or involvement in marijuana, narcotics, or controlled substances or accompanying drug equipment.
- Weapons and firearms are not permitted.

- In the event of misconduct or other circumstances, CYCC reserves the right, in its sole discretion, to expel a child before the completion of the session in which the child is enrolled. **No refunds will be given if expelled.**
- **If a child misses a day of camp due to illness or injury**, make-up will be offered only if space is available and with authorization from the Camp Director. Please note make-ups are not offered under normal circumstances other than the above-stated.

Initials \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CYCC to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named above.

Initials \_\_\_\_\_

My child may use, under the supervision of CYCC staff, hazardous equipment involved in but not limited to activities such as sailing and tennis. I give permission for my child to participate in all camp activities. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury, or death resulting from such risks for myself and my child. There are no physical, emotional, or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me in writing to CYCC. I have also read, and discussed with my child, and understand and agree to the terms on all pages of this application, including the Child/Parent Agreement. ***If my child chooses not to participate, I understand there will be no refund or make-up days.***

I understand that CYCC takes photos of the camp and its campers, which may be used on the CYCC website and in CYCC advertising, without revealing any personal information. I permit CYCC to use photos for such purposes.

Initials \_\_\_\_\_

I have read, and discussed with my child and understand and agree to the terms of this application, including the Child/Parent Agreement. **Participants and their parents/guardians will read all materials sent and complete all forms in a timely manner required for participation.**

Parent or Guardian's Signature/ Date:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Name (Print)

**ENROLL ONLINE AT**  
**[www.ChequessettClub.com](http://www.ChequessettClub.com)**

## CHEQUESSETT CLUB SUMMER KIDS CAMP CANCELLATION POLICY

January 21, 2026

If you need to cancel:

- Cancellation prior to **March 15, 2026**, you will receive a 90% refund (the additional 10% is a service fee that is not refundable) of your payment to the original payment method for each session canceled.
- Cancellation between **March 16th & April 15th, 2026**, you will receive a 50% refund of your payment to the original payment method for each session canceled.
- No refunds will be provided if you cancel after **April 15, 2026**.

If Chequessett Club needs to cancel:

- Due to state, county, or school health orders or mandates, you will receive a 90% refund to the original payment method. (the additional 10% is a service fee that is not refundable)
- Should the Chequessett Club need to cancel for any other reason, prior to the start of a session week, you will receive a 90% refund to the original payment method. (the additional 10% is a service fee that is not refundable)
- Should the Chequessett Club need to cancel during a session week due to state, county, or school health mandate, you will receive a prorated refund or club credit based on the number of days canceled during that week. The credit must be used by **August 31, 2027**.

**NOTE:** Club credit may be used on any goods or services except food & beverage and private golf, tennis, or pickleball lessons.



680 Chequessett Neck Rd  
Wellfleet, MA 02667

[chequessettclub.com](http://chequessettclub.com)

[office@chequessettclub.com](mailto:office@chequessettclub.com)

(508) 349-3704