



Thank you for registering for the Beyond Camps / Formerly Known as the Michael Filipek Tennis & Sports Academy at  
**(Avon Old Farms School – Avon, CT)**

We're looking forward to seeing you at camp this summer! We hope that this camp will be an unforgettable and exciting experience for you to improve your skills and work with some of the top coaches from across the country!

Please read the packet below as this information is extremely important. Feel free to call us with any questions at 800.944.7112 or email us at [support@tenniscamper.com](mailto:support@tenniscamper.com). This packet can be downloaded at [www.TennisCamper.com](http://www.TennisCamper.com), under "Download Forms".

### Check-In and Check Out

#### For Day Campers

June 27th Monday at 8:30 AM at the Avon Old Farms School tennis courts (Pete Seeger Way, road off Old Farms Road) #25 on attached map). After Monday, drop off is Tuesday-Friday at 8:45am at the courts.

Day Camper pick up is at 5pm each day Mon-Friday at the courts except the last day at 4pm.

\*For all campers, In the case of rain during, check in/camper dropoff will be at the field house located right up the hill past the tennis courts.

### Camp Address

Avon Old Farms School  
744 Old Farms Road  
Avon, CT 06001

### Lunch/Meals

**Mon-Wed:** Lunch is provided.

**Thursday June 30,** campers need to bring their own lunch.

**Friday, July 1,** we will be having a pizza party. (Thurs/Fri the cafeteria is closed unfortunately.)

### Camp Phone Number

On Site Director: Eric Henne – 860.982.8693

Director: Michael Filipek: 347-693-2715

adidas Tennis Camp Office: 800.944.7112

### Health Form

**IMPORTANT!** Campers will not be admitted to camp without this form!

adidas Tennis Camp Health Form

- **Please fill out and bring to check in on the 1<sup>st</sup> day of camp.**

### Health & Safety

We want to ensure your child a safe and positive environment during their time at camp. Drugs, alcohol and cigarettes are strictly forbidden, and will result in immediate dismissal from camp without a refund.

### Transportation

adidas Tennis Camps is unable to provide transportation from airports, train stations or bus stops.

### Payments

Final Payments are due in our office by **May 15<sup>th</sup>**. If you have a balance and would like us to charge it to your credit card, please call us at 800.944.7112.

## Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the camp! They can register over the phone or online at [www.TennisCamper.com](http://www.TennisCamper.com).

**Cancellation Policy:** Any Camper who must cancel their registration more than fifteen (15) days prior to the camp start date will receive a voucher equal to the full amount of camp tuition already paid which may be used toward any program or camp offered by eCamps. If a camper must cancel their registration fourteen (14) days or fewer prior to the start of camp, eCamps will issue camper or parent a voucher equal to 50% of the camp tuition, which can be transferred to a future program or camp within the same calendar year or next calendar year. The voucher is also transferable to another family member and is good for any camp offered by eCamps within one year of the date of purchase. Camp vouchers are not extended to campers who leave camp after the start of a session. **Cash refunds are not offered under any circumstances.**

If eCamps Sports Network is forced to postpone your child's 2022 summer camp due to the facility being closed or by government mandate, you will receive a camp credit voucher for tuition fees paid (never expires, fully transferable & for any sport).

**Covid-19 Policy:** Vaccine is NOT required to attend camp. Masks are optional. No covid-19 negative test required. [Click Here](#) to see schools covid-19 policy.

## Packing List

- [Health Form](#) (with Dr. Signature) (See Below- need copy at check-in)
- [Administration of Medication Form](#) (if necessary, See Below)
- [AOF Waiver \(need copy at check-in\)](#)
- Stolen Goods AOF Form (See below- need copy at check -in)
- Beyond Camps Waiver (See below- need copy at check-in)
- Tennis racquet(s), tennis shoes (no black soles)
- Water jug/bottle
- T-Shirts
- Shorts
- Sunscreen
- Hat
- Umbrella's (in case of rain when walking to and from courts and dining)

## Spending Money and other Valuables

It is not recommended that excessive amounts of cash be brought to camp. Please remind your camper to keep any spending money in a secure place. We also try to discourage campers from bringing electronic devices such as iPods and laptop computers. The adidas Tennis Camps are not responsible for the theft or loss of personal items. Electronic devices will be very limited for campers during camp

## Cell Phone Policy

In order to provide the ideal camper experience, we believe in limiting the use of cell phones and other electronic devices while at camp. Use of phones is not permitted during the instructional blocks of camp, including on-field and classroom sessions. We feel this will minimize distractions to the learning environment, help maintain an inclusive atmosphere and alleviate potential problems that can detract from the overall experience for everyone. Phone use will be allowed during in the mornings prior to morning session, at lunch, and for overnight camps before and after the evening session. We will still encourage players to minimize their time on devices in order to interact and engage with other campers, but understand they might want the chance to call home, text friends, et No photos or videos may be taken by campers during camp. If phones are used during non permitted times or in a non-permitted fashion they will be confiscated. In the case of more than one offense of inappropriate use parents will be informed and phone may be confiscated for the duration of camp. For overnight camps, in order to facilitate sleep camper phones will be collected at lights out and will be returned in the morning.

**Directions To Avon - <http://www.avonoldfarms.com/page.cfm?p=1819>**

**From Boston**

Take the Massachusetts Turnpike west to Exit 9 (Sturbridge). Follow Interstate 84 through Hartford to Exit 39, Farmington/Route4 (not 39A, which precedes 39).

\*\*Continue straight through the first traffic light. You will be on Route 4 West. At second light (in center of Farmington). Turn right onto Route 10 North (Waterville Road). Continue 3.2 miles. Turn left at traffic light onto Old Farms Road. After traveling 1.5 miles, you will come to an intersection; bear right at the "Y" and continue for 50 yards. Turn right into the main entrance of the School at the Avon Old Farms School sign. Follow signs for Visitor Parking & Admissions Office.

**From New York (WEST SIDE):**

Take the Hutchinson River Parkway to I-684. Take I-84 East through Danbury and Waterbury. Take Exit 39, Farmington/Route 4, which is a left exit. Proceed as above. \*\*

**From New York (EAST SIDE):**

Take I-95 North to New Haven, then I-91 North toward Hartford. From I-91 take Exit 22 to Route 9 North (in the Cromwell/Middletown area). Continue on Route 9 North until the end. Highway will fork; bear left onto I-84 West (Waterbury) take Exit 39 (Farmington) and proceed as above. \*\*

**From Bradley International Airport:**

Take Route 20 West through East Granby to Granby. At Granby center (5-way intersection at traffic light) turn left onto Routes 10 and 202 South. Follow Rts 10/202 through Simsbury to Avon (approximately 10 miles). At the intersection with Route 44, continue straight across onto Old Farms Road. Proceed 2.5 miles and turn left into the main entrance of the school. Follow signs for Visitor Parking & Admissions Office.

**From Points North of Hartford**

Take I-91 South to Exit 40 and follow directions, as above, from Bradley International Airport.

**Campus Map**

<https://myatlascms.com/map/?id=1021>



an adidas® Tennis Camp

### **Off Campus Trip Permission**

I hereby give permission for my child to be transported off campus for camp sponsored activities.

### **Photography/Video Permission**

I give permission for my child to be photographed and videoed during camp. We also give permission to Beyond Camps to use portions of the videotapes and photographs for camp related instructional, promotional and/or documentary purposes.

### **Internet Usage Permission (Overnight Campers only)**

I hereby give permission for my child to utilize the Avon Old Farms network. I understand that my child must adhere to downloading policies, and that I will be responsible to pay any incurred penalties due to violations to the school's network downloading policies.

**I understand and agree to both the off campus trip, photography/video permissions and internet usage permission (Overnight camper only)**

Camper's Name \_\_\_\_\_

Attending Week(s): Day \_\_\_\_\_ Overnight \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Summer Camps

## at Avon Old Farms School

### Stolen Goods Policy

Due to the nature of Avon's prep school environment, dormitory room doors do not lock. The outside doors to the dormitories will be locked from 11:30 pm – 6:00 am. The campus tries to foster a sense of community and safety, where everyone's belongings are respected. Unfortunately, from time to time, petty theft does take place. To combat this, each room has a lockable closet or desk drawer for valuables. It is recommended that the camper brings a combination lock from home or rents a combination lock from Avon Old Farms Summer Programs for the duration of his/her stay at camp.

***Summer Camps at Avon Old Farms School and Avon Old Farms School are not responsible for lost or stolen items.***

### Disclaimer and Parental Consent

I, the undersigned, understand that the Summer Camps at Avon Old Farms School and Avon Old Farms School take no responsibility for any personal property lost, stolen or otherwise missing by any camper.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## adidas Tennis Camps Summer Camp Health Record and Release Form

Every camper must have this health record filled out for camp and brought to camp check-in. Camps held in the following states require this form to be completed and signed by a physician before your child can participate at summer camp (CT, MA, NY).

*PLEASE DO NOT MAIL AHEAD.*

Camp Attending: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

### Health History

\_\_\_\_ May Participate in all camp activities

\_\_\_\_ May participate except for \_\_\_\_\_

Does this individual have allergies? YES NO

Explain: \_\_\_\_\_

Is this individual on a special diet? YES NO

Explain: \_\_\_\_\_

Does the individual have special needs? YES NO

Explain: \_\_\_\_\_

I have examined the above camper within the past two years.

Date Examined \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

*PLEASE NOTE: A DOCTORS SIGNATURE IS ONLY REQUIRED FOR CAMPS IN CONNECTICUT, MASSACHUSETTS, AND NEW YORK.*

### Immunization History (Please List Dates)

*Copy of Immunization Record Preferable.*

DPT \_\_\_\_\_ Booster \_\_\_\_\_

DT \_\_\_\_\_

Polio OPV (Sabin) \_\_\_\_\_ Booster \_\_\_\_\_

Measles/Mumps/Rubella (MMR) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Chickenpox \_\_\_\_\_

Tetanus \_\_\_\_\_

Turberculin \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_

Haemophilus Influenza b (HIB) \_\_\_\_\_

Covid-19 #1 \_\_\_\_\_ #2 \_\_\_\_\_ Booster \_\_\_\_\_

### Insurance Information

Health Insurance Provider: \_\_\_\_\_

Policy/ID Number \_\_\_\_\_

Policy Holder's Name & DOB \_\_\_\_\_

Insurance Provider Contact: Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Please include a photocopy of your Health Insurance card for our records.*

### Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to participate in all activities except as noted. I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release the adidas Tennis Camps, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*NOTE\*\*\* All medication will be checked and kept by the trainer. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescribers authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY. **The Administration of Medication Form must accompany all medication for camps in CT.** This form is available for download on TennisCamper.com.

**THIS FORM APPLIES TO ANY MEDICATION INCLUDING OVER THE COUNTER THAT CAMPERS MAY TAKE DURING CAMP. If camper needs to take any medication during camp hours, or if there is any possibility that medication may need to be administered, the below form must be filled out and signed by a physician as well as the parent/ legal guardian. Please note that First Aid Director will need to hold on to any medication (even over the counter items such as Advil) and will distribute it per the filled out form below. If camper needs to take medication and form is not filled out and signed properly then medication cannot be administered during camp hours.**

**If your child requires medication during camp (any type of medication: over the counter, prescription or EPI Pen) they will need doctor's orders for EACH medication. Also, each medication MUST be in its original container and labeled with the child's name.**

**Authorization for the Administration of Medication by Camp Personnel**

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp.

**Authorized Prescriber's Order** (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug?  YES  NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration: Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug: Allergies?  YES  NO Reactions to?  YES  NO Interactions with?  YES  NO

If "yes" to any of the above, please explain \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_

**Parent/Guardian Authorization:**

I request that medication be administered to my child as described and directed above.

Name of Camp \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child:  Mother  Father  Guardian/Other explain: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

**Name of Camp Personnel Receiving Written Authorization and Medication** \_\_\_\_\_

**Title/Position** \_\_\_\_\_ **Signature (in ink)** \_\_\_\_\_