



Thank you for registering for the CT Tennis Camp at
(Fairfield University – Fairfield, 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 CTTennisCamp@gmail.com. This packet can be downloaded at www.CTTennisCamp.com, under "Camp Details- Already Registered".

Sessions

Week 2 (June 27-July 1) – Mon-Fri
Week 3 (July 5-8) – Tues-Fri
Week 4 (July 11- 15) – Mon-Fri
Week 5 (July 18-22) – Mon-Fri
Week 6 (July 25-29) – Mon-Fri
Week 7 (August 1-5) – Mon-Fri

Full Day Campers:

Check In: 8:45-9am daily at the courts.
Check out: 3pm daily at the courts.
Lunch included. Bring a snack.

Half Day Campers:

Check In: 8:45-9am daily at the courts.
Check out: 12pm daily at the courts.
Lunch NOT included. Bring a snack.

Camp Address

Fairfield University
1073 N Benson Rd
Fairfield, CT 06824

Camp Phone Numbers

Director: Michael Filipek- 347.693.2715
Alt. Director: Justine Hoover – 203.889.6566
CT Tennis Camps Office: 800.944.7112

Health Form

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

- **Please fill out and bring to check in on the 1st day of camp or upload to your online account.**

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.

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 CT Tennis Camp is not responsible for the theft or loss of personal items.

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.CTTennisCamp.com.

Cell Phone Policy

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.

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).

Swimming Pool: (This option is for full day campers only). The swimming pool will be accessible to our group during the middle part of the day and will be optional. For those wishing to use the indoor pool, please make sure to bring a towel, bathing suit, and flip flops. There will be always certified lifeguards on duty. If you wish to not have your child swim, please let us know at check in so we can make a note on our roster. Those who don't swim will be playing more tennis or will be brought in the rec center for other activities to cool off before/after lunch.

Rain Policy: We do have indoor option back ups for passing showers or quick storms on campus in the rec center. If the day looks like it will be a total wash out, we will be sure to communicate with you by 7:30am via email and pop ups on our website notifying you of a camp change. If a day is rained out, campers will be invited to come back another day in one of our other 6 weeks of camp to make up the missed time.

Directions to Fairfield University/CT Tennis Camp [Campus Map, CLICK HERE](#)

FROM NEW YORK VIA CONNECTICUT TURNPIKE (I-95):

Take exit 22 in Connecticut - Round Hill Road. Continue straight through the stop sign at the end of the ramp. At the traffic light, take a left onto North Benson Road (Rt. 135) and continue straight for 0.8 miles (through two traffic lights.) The sign for the main entrance to Fairfield University will be on the left.

FROM HARTFORD OR VERMONT VIA I-91:

Take I-91 South to I-95 South in New Haven. Take exit 22 in Connecticut - North Benson Road. Turn right at the end of the ramp onto North Benson Rd. (Rte. 135). Go straight for 0.8 miles (through two traffic lights). The main entrance to Fairfield University will be on the left.

FROM NEW YORK VIA MERRITT PARKWAY (RT. 15):

Take exit 44. Turn left off the ramp, and turn right onto Black Rock Tpke. (Rt. 58) at the light. Proceed 2 miles to Stillson Rd. (Rt. 135) and turn right. Bear left, at the second light, onto North Benson Road. The University entrance will be on your right.

FROM HARTFORD AND NEW HAVEN VIA MERRITT PARKWAY (RT. 15):

Take exit 44, take a quick left off the ramp, then take another quick left onto Black Rock Tpke. (Rt. 58), proceed 2 miles to Stillson Rd. (Rt. 135) and turn right. Bear left, at the second light, onto North Benson Road. The University entrance will be on your right.

Covid-19 Policy: Vaccine is not required to attend camp. For those not vaccinated, we ask that you have a negative Covid-19 test within 72 hours of the first day of camp. We also ask that everyone (vaccinated and not vaccinated) bring in the forms below in the packing list and not to have had any Covid-19 symptoms in the last 5 days.

Packing List

- Sunscreen
- Hat
- Hand Sanitizer
- Mask (for indoor use only)
- Tennis racquet(s), tennis shoes (no black soles)
- Water jug
- T-Shirt
- Umbrella
- Snacks (nut free)
- Bathing suit and towel (pool optional)
- Shorts
- [Health Form](#) (with Dr. Signature) (See Below)
- [FFLD U Health Monitoring Form](#) (See Below)
- Beyond Camps Waiver (See Below)
- [Administration of Medication Form](#) (if necessary)
- [Individual Plan for Care of Campers Form](#) (if nec.)

Youth Camp COVID-19 Health Monitoring Questionnaire

Parent/Guardian Name: _____ Date: _____

Camper Name: _____ Camper Date of Birth: _____

Camp Name: _____

Program Dates: _____

1. Is your camper experiencing any of these symptoms which are not attributable to a diagnosed chronic condition?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Check One: _____ No _____ Yes

2. In the past 14 days, has your camper been in close contact with an infectious individual diagnosed with COVID-19 or has your camper been advised to quarantine by a Public Health Official? Close contact is defined as within 6 feet for 15 minutes or longer (cumulative over a 24-hour period).

Check One: _____ No _____ Yes

If you answered “yes” to any of the above questions, your camper is unable to participate in camp and you must leave campus immediately. Contact your private Health Care Provider for medical assistance.

If you answered “no” to the above questions, your camper is clear to play and able to participate in camp, but please continue to monitor your camper daily for the identified symptoms during the duration of camp. If symptoms develop within 48 hours of visiting campus, seek medical care. If a Health Care Provider orders a COVID-19 diagnostic viral test and the results are pending or positive, notify your camp contact and Fairfield University Public Safety at 203-254-4090.



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 _____

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.