



**TENNIS CAMPS**



# 2024 CAMP CONFIRMATION PACKET

**Cheshire Academy - Cheshire, CT**

**Session 1: July 15-19 ; Session 2: July 22-26 ; Session 3: July 29-August 2**

Dear Parents,

Thank you for registering for our 2024 adidas Tennis Camp! We hope that this camp will be an unforgettable and exciting opportunity for your camper to improve his or her skills and work with some of the top coaches and players in the game!

This packet is designed to help you prepare for your upcoming camp. Please read this entire packet carefully, as it contains all the forms, important information, and tips you need to set your camper up for a smooth, successful camp experience.

If you have any questions after reviewing this packet please feel free to contact us via email or phone at [Support@TennisCamper.com](mailto:Support@TennisCamper.com) or 800.944.7112.

We look forward to seeing you all at camp this summer!

Best Regards,

The adidas Tennis Camp Staff

## OUR MISSION

The adidas Tennis Camps were developed to provide young athletes with the opportunity to become better tennis players by providing instruction from the top coaches in a positive and fun atmosphere.

## HEALTH & SAFETY

We want to ensure your child a safe and positive environment during their time at camp. Campers are expected to abide by the camp rules and live by our core values. Drugs, alcohol and tobacco products are strictly forbidden and constitute, along with general misconduct, grounds for dismissal from camp without a refund.

## FINAL PAYMENT

Final Payments are due in our office by May 15th. Any camper with a remaining balance will be prohibited from checking into camp. We do not accept final payments at camp. Final payments can be paid via mail, over the phone, or through your online account. If you are unsure about your balance, please call us at 800.944.7112

## 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 may be used toward any program or camp offered by eCamps. Vouchers are valid for any eCamps program within the same or next calendar year and are also transferable to another family member. Camp vouchers are not extended to Campers who leave Camp after the start of a session. The \$30 registration fee is non-refundable. **Cash refunds are not offered under any circumstances.**

# CHECK-IN

Check-in is on Mondays at 8:30am. All other days (Tues-Fri) would be at 8:50am. Lunch is not included. Full day campers must bring a bagged lunch. Lunches will be placed in a refrigerator in the morning and will be eaten in the dining hall.

# CHECK-OUT

Full day campers checkout daily at 4pm. Half day campers for 5-7 year old's check out daily from 9am-12pm.

# HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to attend camp. Please upload your health forms to your active.com account before the start of camp and bring in a copy with you to check in.

\*A physician's signature is required on this form ONLY if you are attending a camp in CT, MA or NY. An attached physicians signed physical form from within two years will suffice but we ask you to attach it to our form below as there is a parents waiver and health insurance questions we need filled out. Camps in CT require the 'Administration of Medication' form for any medication brought to camp--this form can be found on [TennisCamper.com](http://TennisCamper.com).

## CONCUSSION INFORMATION FOR PARENTS

# CELL PHONE POLICY

Campers will not be allowed to use their phones during camp (unless for an emergency). If a camper does have a phone with them at camp, it will need to be silenced and stored away for the entire camp day

# RAIN PLAN

Campers will utilize the indoor fieldhouse and other indoor spaces on campus for a variety of activities including other sports (basketball or other) fitness, video analysis, mental training, classroom learning and more. If there is a full day of rain (i.e. campers cannot spend at least 2 hours training on the tennis courts) then campers will be offered a makeup day in a future session.

# CHECKLIST OF THINGS TO BRING

Below is a list of items to bring to camp. We suggest that campers do not bring expensive personal items such as cameras, iPods/iPads, etc. Please label every article you bring to camp. All items will be the responsibility of the camper. adidas Tennis Camp and its camp staff are not responsible for lost, stolen or forgotten items.

- Tennis playing equipment- Racquet, Sneakers, Water Bottle and hat
- Sunscreen and Bug Spray
- Snacks or drinks for in between sessions (non perishable)
- Required health forms
- Administration of medication form (if necessary).
- Individual Health Plan (if necessary).
- Beyond Camps Waiver (see below).

## CAMP ADDRESS / MAPS

**School Address-** 10 Main St, Cheshire, CT  
06410

**Google Map-** [Click Here for Google Map](#)

**Court Address-** 10 Main St Cheshire,  
Connecticut 06410

**adidas Tennis Camps** - 800-944-7112

**Director Info** -

Michael Filipek- 347-693-2715

Asst. Director- Eric Henne-860-982-8663

**Support@TennisCamper.com**

## CONTACT US

If you still have remaining questions about camp please call us at 800.944.7112 during our office hours Monday through Friday 9am-5pm. If we are not able to take your call please leave us a message and we will get back to you as soon as possible. We can also be reached by email at [Support@TennisCamper.com](mailto:Support@TennisCamper.com).

# eCamps Inc. Summer Camp Health Record

Every camper must have this health record filled out and bring it with them 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                    Middle Initial

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

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

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

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

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

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

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

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 with in the past two years.

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

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

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

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

***PLEASE NOTE: DOCTOR SIGNATURE IS ONLY REQUIRED FOR CAMPS IN CT, MA & NY***

## Immunization History (Please List Dates)

*Copy of Immunization Record Preferable with copy of physical within the last 18 months*

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

Meningococcal vaccine (required for grade 7-12)

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 eCamps Inc, 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\*\*\*Medication will be checked and kept by the staff. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescriber's authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY.



an adidas® Tennis Camp

### Photography/Video Permission

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

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

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

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

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