



Thank you for registering for Beyond Camps--formerly known as the Michael Filipek Tennis Academy/ adidas Tennis Camp at **Choate Rosemary Hall – Wallingford, 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. This packet can be downloaded at www.TennisCamper.com, under "Download Forms".

Check In

June 27th and July 18 at 8:30 AM, at the Hunt Tennis center courts; 8:55 AM the rest of week. Lunch is provided every day at the Choate Dining Hall except Friday we order pizza.

Camp Departure

4:00 PM each day.
Parents are encouraged to attend the final session on the last day for the closing ceremony as early as 2pm.
Last Day of Camp-July 1st and July 22th

Camp Address

Choate Rosemary Hall / Hunt Tennis Center
333 Christian Street, Wallingford, CT 06492

Camp Phone Number

Director Michael Filipek- 347-693-2715
Ass. Director- Justine Hoover- 203.889.6566
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 first day of camp.**

The **State of CT** Health Form

- The State of CT **requires** all health forms **must be signed by a Doctor.**

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 does not provide transportation from airports, train stations or bus stops.

Payments

Final Payments are due in our office by **May 15th**. 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.

Spending Money and other Valuables

Campers do not need any additional money at camp. We also try to discourage campers from bringing electronic devices such as ipods and laptop computers. The adidas Tennis Camps / Beyond Camps are not responsible for the theft or loss of personal items.

Covid-19 Policy: Copy of Covid-19 vaccination record or, if not vaccinated, copy of negative PCR or Rapid (antigen) test must be provided at check in. Unvaccinated campers must wear a mask in the cafeteria unless sitting and eating.

Packing List

- [Health Form](#) (with Dr. Signature)
(see below, needs to be brought into check-in)
- Choate Rosemary Hall Release Waiver
(see below, needs to be brought into check-in)
- [Administration of Medication Form](#)
(if necessary, See Below, brought into check-in)
- Beyond Camps Waiver
(see below- needs to be brought into check-in)
- Copy of Covid-19 vaccination record or if not
Vaccinated, a negative PCR or Rapid within
72 hours of the start of camp
- Tennis racquet(s), tennis shoes
- Water jug
- Athletic Socks
- T-Shirts
- Shorts
- Sunscreen
- Hat
- Umbrella's (in case of rain when walking to
and from courts and dining)

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, etc. No cell phone use will be allowed in the dining hall. No photos or videos may be taken by campers during camp. Wearing of hats is not permitted in the dining hall

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).

Directions To Choate Rosemary Hall (please note new signs/directions when you get on campus)

From the North: I-91 south – get off at Exit 14 and turn right onto East Center St. Go through 4 stoplights. At the 5th light, take a right. At the first stop sign (Christian St.) take a right onto campus. Proceed to tennis courts.

From the South: I-91 north – take exit 14 and turn left onto Woodhouse Ave (Rt. 150). At 2nd light, take left onto Center St. At 3rd light take a right. The first stop is Christian St – take a right onto campus. Proceed to tennis courts.

From the North and South (Wilbur Cross Pkwy – Rt. 15): Take exit 64 and turn right onto Quinnipiac St. Bear left at Wallace Park and cross over railroad tracks. Turn left at second light (at top of hill) onto North Main St. Turn right at first stop sign on Christian St. Go straight through stop sign at bottom of hill – campus is there – proceed to tennis courts.

From the West (Danbury, Waterbury): I-84 east – get off at Exit 27 (I-691). Take Exit 10 and follow Wilbur Cross Pkwy/I-91 south directions above.



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** _____

Choate Rosemary Hall is released from and against any and all claims and liability that may arise in connection with the Participant's use of the Facilities, including but not limited to all claims and liability associated with risks related to COVID-19.

Participant Name (first and last) _____

Parent/Guardian Name (first and last) - Required if participant is under 18.

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 _____

NOTEAll 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.

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)** _____