



Thank you for registering for the adidas Tennis Camp at
(Chris Lewit Tennis Academy – Londonderry, VT)

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

OVERNIGHT CAMPERS: Check in 4-6pm Sunday afternoon at the Upper Pass Lodge (all meals are included).

DAY CAMPERS: Check in 8:30am Monday morning.

Check Out

Pickups are on Friday evening, except for campers staying multiple weeks.

Camp Address

Chris Lewit Tennis Academy
3997 Vermont 100
Londonderry, VT 05148

Camp Phone Number

Director – Chris Lewit: 914.462.2912
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 1st 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 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.

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.

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.

Packing List

- [Health Form](#)
- [Covid-19 Monitoring Form \(bring with you to check in\)](#)
- [Covid-19 Waiver](#) (if not filled out online)
- A negative Covid test (antigen or PCR) before arrival at camp.
- Tennis racquet(s), tennis shoes (no black soles)
- Water jug
- Athletic Socks
- T-Shirts
- Fan
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas
- Bedding Linens
- Blanket/Sleeping Bagn
- Pillow
- Shower Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Spending Money – we recommend bringing no more than \$50
- Key Deposit Check – made out to “adidas Tennis Camps”
- Bathing Suit
- Hat

Taking Train to and from CLTA:

Amtrak offers daily service to Bellows Falls, VT from numerous Northeast departure points. We can have a coach pickup/dropoff players from the Bellows Falls Amtrak station for a reasonably low fee. The station is about 35 minutes from CLTA Vermont

[Chris Lewit Tennis Academy Directions](#)

Covid-19 Policy

Covid-19 vaccine is not required. We ask that everyone have a negative covid-19 test (antigen or PCR) before camp, bring in the forms above, and not to have had any Covid-19 symptoms in the last 5 days.

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

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).

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.