



Thank you for registering for the adidas Tennis Camp at  
**(UC Davis College Prep Camp – Davis, CA)**

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 – Overnight & Extended Day Campers**

July 19th from 10-11AM, at Regan -Talara Hall - Rienda Building.

Please Note: Lunch will be served on the 1<sup>st</sup> day of camp. All campers should arrive dressed and ready to play!

#### **Check Out – Overnight Campers**

July 22nd at 5 PM.

Parents are encouraged to attend the final session on the last day! Check out will occur at 5pm at Regan-Talara Hall.

#### **Extended Day Campers**

After the first day, you should plan on arriving at the tennis courts ready to play at 8:45 AM. Parents can plan to pick up their camper at 9 PM at the courts everyday but Friday at 5pm. Lunch & dinner are included.

#### **Camp Address**

UC Davis  
One Shields Ave  
Davis, CA 95616

#### **Camp Phone Number**

Director: Eric Steidlmayer- 530.574.8633  
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** if you didn't upload online

#### **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).

#### **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.

#### **Key Deposit**

The School requires a **key deposit of \$50** per camper. Please bring a check made out to "adidas Tennis Camps" for \$50. The check will be returned to the camper at the end of camp after they turn in their key.

#### **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 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.

#### **Covid-19 Policy:**

If campers are **vaccinated**, you can show your CDC Vaccine Card or digital vaccine record from the State of California. No testing will be required prior to arrival. If campers are **not vaccinated**, you can either show a negative lab/PCR COVID test result from the last 72 hours. If you are taking an at-home antigen test, you will need to take it "at-door" when you arrive.

## Packing List

- [Health Form](#)
- [Athletic Monitoring Form](#)
- [Covid-19 Waiver](#) (if not completed online)
- Tennis racquet(s), tennis shoes (no black soles)
- Water jug
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas
- Bedding Linens
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Toiletries
- Portable Fan
- Alarm Clock
- Sunscreen
- Spending Money – we recommend bringing no more than \$50
- Key Deposit Check – made out to “adidas Tennis Camps”
- Bathing Suit
- Hat

## Spending Money and other Valuables

We recommend that campers bring \$30-\$40 in spending money to camp. This can be used for games, snacks etc...during free-time activities, movies and the Team Tennis outing.

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.

## Directions To UC Davis

**From Interstate 80:** Take Highway 113 North.

**From Interstate 5:** Take Highway 113 South.

**From Highway 113S:** Take Russell Boulevard exit towards UC Davis/downtown. Turn RIGHT onto California Avenue (past the Softball Field and La Rue Rd and turn right onto Regan Hall Cir. Regan hall Will Be on the Left

**Dorm Address: Regan Main, Regan Residence Halls, Davis, CA 95616**

**Campus Map** <http://campusmap.ucdavis.edu>

## 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 use 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 sports).

## 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.