



Thank you for registering for the adidas Tennis Camps at
(University of Southern Mississippi – Hattiesburg, MS)

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

Day Campers- Check in Monday June 6 and Monday June 13 at 8:30am at the courts. Every other day, check in at 9am. Lunch is included.

Overnight Campers- Check in Monday June 6 and Monday June 13 at 8:30am at the courts.

Camp Departure

Day Campers: Check out each day at 4pm at the courts. Except on Friday at 2pm

Overnight Campers- Check out Friday June 10 and June 17 at the courts at 2pm.

Camp Address

118 College Dr, Hattiesburg, MS 39406

Tennis Court Address

01 N. 37th Ave, Hattiesburg, MS 39401

Camp Phone Number

adidas Tennis Camp Office: 800.944.7112

Director – Zubin Engineer: 504-352-7764

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.**

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.

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).

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

- | | |
|--|---|
| <input type="checkbox"/> Health Form | <input type="checkbox"/> Shorts |
| <input type="checkbox"/> Covid-19 Monitoring Form (bring with you to check in) | <input type="checkbox"/> Sweatshirt |
| <input type="checkbox"/> Covid-19 Waiver (if not filled out online) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> USM Medical Release Form | <input type="checkbox"/> Bathing Suit |
| <input type="checkbox"/> USM Liability Form (also attached below) | <input type="checkbox"/> Hat |
| <input type="checkbox"/> Tennis racquet(s), tennis shoes (no black soles) | <input type="checkbox"/> Bedding Linens |
| <input type="checkbox"/> Water jug | <input type="checkbox"/> Blanket/Sleeping Bag |
| <input type="checkbox"/> Athletic Socks | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> T-Shirts | <input type="checkbox"/> Shower Towel |
| | <input type="checkbox"/> Mask (not required) |

Covid-19 Policy

Vaccine is not required. We ask they everyone brings in the forms above and not to have had any Covid-19 symptoms in the last 5 days.

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 iPod and laptop computers. The adidas Tennis are not responsible for the theft or loss of personal items.

Directions to University of Southern Mississippi

<https://www.usm.edu/parking-transit-services/campus-maps.php>

Campus Map:

https://map.usm.edu/campus_map.php?id=27817

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

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, RI).

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

2022 Southern Miss Athletic Camps
WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT
CONSENT TO MEDICAL TREATMENT

EACH PARTICIPANT MUST PROVIDE THIS COMPLETED FORM PRIOR TO PARTICIPATION IN ANY CAMP ACTIVITY. PHOTOCOPIES ARE ACCEPTABLE

In consideration of my child being allowed to participate in this clinic, **I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** The University of Southern Mississippi or the State College Board of the State of Mississippi, and their officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to my child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, or otherwise while participating in this clinic or while in, on, or upon the premises where the clinic is being conducted.

To the best of my knowledge, my child is in good physical condition, and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the clinic's activities. I am fully aware of the risks and hazards associated with this clinic. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the clinic's activities, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE** or otherwise. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEE** from any loss, liability, damage, or cost, including court costs and attorney's fees, that may accrue related to my child's participation in this clinic, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE** or otherwise.

During the period of the clinic, I hereby give permission for the staff of The University of Southern Mississippi Department of Intercollegiate Athletics, or the staff of the clinic to administer appropriate medical attention to my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE** the above-named **RELEASEE**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Mississippi. In signing this release, I acknowledge and represent that I have read and understand it and sign in voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Printed Name Signature Date Emergency #

INSURANCE: This clinic carries an excess medical insurance policy to cover medical expenses for injuries/accidents that occur in the course of the clinic's activities. Medical expenses that are declined for payment through the participant's personal insurance and/or through the excess policy become the responsibility of the participant's parent/guardian.

INSURANCE INFORMATION:

Company Name Policy Number Policy Holder

Group Number Phone Number

AMERICANS WITH DISABILITIES ACT: For individuals with disabilities requiring special accommodations, please contact the clinic director within a minimum of seven days of the first day of the clinic so the proper consideration may be given to the request.

PHYSICIAN'S STATEMENT: I hereby certify that _____ has no restrictions that would prevent him/her from active and full participation in any and all activities related to the clinic. _____

Physician's Signature Date

****Copy of recent (within 90 days) school physical is acceptable in lieu of physician signature****

Known Allergies: _____
Tetanus Booster Date: _____

Medications camper will bring to camp: _____