

**WELCOME TO THE
INTERNATIONAL SQUASH ACADEMY
POWERED BY Harrow
Mercersburg Academy
Mercersburg, PA**

June 21st – 26th

We are looking forward to seeing you at camp this summer! Please read the enclosed information carefully. If you have any questions, please call us at 1-800-944-7112. This entire packet is downloadable at CampSquash.com under “Forms”.

- **Check-In-** All campers will check in at our dorms, look for signs once you arrive on campus. Here is a great campus map: https://www.mercersburg.edu/sites/default/files/PDF/2019_Campus_Map.pdf
- **Camp Departure-** 12:00 pm on the last day of camp. Parents are invited to watch match play-offs & graduation that morning beginning at 9:30 am.
- **Health and Release Form – IMPORTANT –** This completed form must be brought emailed to support@campsquash.com prior to camp. Campers will not be admitted to camp without this form. If you have the most recent copy of your child’s immunization/physical form signed by a doctor you may staple this to OUR form. Please fill out the camper information & sign the waiver on OUR form to ensure the trainer has all the camp specific information we need. The Board of Health requires proof of immunization history, so please complete the necessary paperwork.
- **Camp Phone-** You can leave a message for your camper by calling the camp office at 800-944-7112. You can also call/text camp director, Ryan Tyree at 413-627-0143. Please note that he may be working with campers in a session so he will return your message as soon as he is available.
- **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 1-800-944-7112. Checks can be sent to 1700 Post Rd. Suite D-5, Fairfield CT 06824
- **Reminder of Cancellation Policy-** You may register for any camp with openings up to the start of camp. Payment by Credit Card or eCheck is required for all online, phone, mail or fax registrations. Any camper who must cancel, up to 6 days prior, to camp will receive a camp credit equal to the amount of camp tuition already paid. The credit is transferable to another family member and is good for any International Squash Academy through next summer (agreement begins at time of purchase). Any cancellation within 5 days of the start of camp will result in a camp credit minus \$300 cancellation fee. Camp credits are not extended to campers who leave camp after the start of a session. **CASH/CREDIT CARD REFUNDS ARE NOT OFFERED UNDER ANY CIRCUMSTANCE.**
- **Cancellation Insurance-** We offer Cancellation Insurance for \$50 per session, payable when you register. This insurance entitles you to a full refund of camp fees paid if you cancel (for any reason) before June 1st. Please note: \$50 insurance fee is not refundable and can only be purchased at the time of registration. With Cancellation Insurance, if you cancel after June 1st, we will issue you a camp credit for all camp fees paid, good through the following year. This camp credit is transferable to anyone and may be used for any camp we run. Any cancellation within 5 days of the start of camp will result in a camp credit minus \$300 cancellation fee.

- Extended Day Campers- Will arrive at the dorm Monday-Friday at 8:30 am dressed to play. Pick-up will be at 8:30 pm after the evening activities. Lunch and dinner is included. During breaks your central location will be the dorm lounge, so bring a deck of cards, game or book to stay engaged when not in an organized activity.
- Day Campers – Arrive at the dorm Monday-Friday at 8:30 am dressed to play. Pick-up will be at 5:00 pm at the squash courts. During breaks your central location will be the dorm lounge, so bring a deck of cards, game or book to stay engaged when not in an organized activity.
- **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-court 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 camper bonding activities. 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.
Please note that while our staff will be going over the policy, they will not be collecting camper devices so we ask all of our participants to respect and abide by these rules during camp.
- Spending Money – It is not recommended that excessive amounts of cash be brought to the camp, \$50 will cover the occasional pizza order, off-campus activity managed by our staff or campus store item. Please remind your camper to keep any spending money in a secure place.
- 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.

What to Bring:

Health Form	Off-Court clothes
Squash Clothes	All Linens/ Sleeping Bag
Squash Shoes	Toiletries
Comfortable Socks	Running shoes
Squash Racquet	Goggles
Bathing Suit	Sweat Bands
Towel(s)	Spending Money
Desk/ Box Fan	

Directions:

Mercersburg Academy
100 Academy Drive
Mercersburg, PA 17236

Campus Map: https://www.mercersburg.edu/sites/default/files/PDF/2019_Campus_Map.pdf

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 _____

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) _____

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, the International Squash Academy, 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 "authorization of medication form" must accompany all medication and requires the physician's signature in CT, MA & NY.