

WELCOME TO THE INTERNATIONAL SQUASH ACADEMY

POWERED BY Head
Trinity College
Hartford, CT

November 17th, 2019

- We are looking forward to seeing you at the clinic this fall! 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 and Check-Out-** All campers will check in at the Squash Courts at between 8:30am and 8:45am. Half day campers will depart at 12:00pm and full day campers will depart at 4:00pm.
- **Summer Camp Health Records – IMPORTANT –** All forms must be completed and signed by a physician. These forms must be brought to the camp at registration, not to be mailed in. Campers will not be admitted to participate without these forms. If you have medical questions please arrive early to speak our trainers. . 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
- **Medication-** If you plan to bring any inhaler, Epi-Pen or any over-the-counter medication to the clinic it must be accompanied by the Administration of Medication Form & the self administer portion signed. This form must be signed by the prescribing physician and parent.
[Download Administration of Medication Form](#)
- **Camp Phone-** You can leave a message for your camper by calling the camp office at 800-944-7112.
- Final Payments are due at the time of registration. If you have any questions regarding payment, 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 this clinic up to the start of camp if there are openings. 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 the clinic 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 the clinic will result in a camp credit minus \$100 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.

- 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
Squash Racquet
Goggles
Squash Clothes
Squash Shoes
Comfortable Socks
Running Shoes
Sweat Bands

Directions:

Trinity College
300 Summit St
Hartford, CT 06106

Campus Map: <http://www.trincoll.edu/Admissions/campusvisit/Pages/map.aspx>

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.