



Thank you for registering for the adidas Tennis Camp at  
**(Big Bear Sports Ranch–Big Bear Lake, 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**

Day Campers-should plan to arrive on Sunday (7/9 or 7/16) at between 12-2PM. Please have your parents join us for lunch that day. All other days (Mon-Fri), arrival time is 8:40 AM on the tennis courts.

Overnight Campers- Check in Sunday July 9th and July 16th between 12-2pm.

Adult Camp: Check in is July 14<sup>th</sup> at 4 PM

### **Camp Departure**

Full Day Campers-Sunday (9:00 PM), Monday - Thursday (9:00 if your child wants to join us for night activities; if not, then 6:00 PM. On Friday, we invite parents to join us for our 30-minute graduation ceremony that starts at 3:00 PM.

Overnight Campers-Please arrive around 2:30 PM on Friday (7/14 or 7/21) to load your car and then plan to stay for our 30-minute graduation ceremony that begins at 3:00pm.

Adult Camp: Check Out is July 16<sup>th</sup> at 2PM

### **Camp Address**

2080 Erwin Ranch Rd,  
Big Bear Lake, CA 92314

### **Camp Phone Number**

Director's Phone: Eric Jacobson (323) 333-6967  
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.**

### **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 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.

### **Cancellation Policy**

Any camper who must cancel 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 adidas Tennis camp 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 \$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.**

### **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).

### **Packing List**

- Health Form
- Tennis racquet(s), tennis shoes (no black soles)
- Water jug
- Athletic Socks
- T-Shirts
- Pillow
- Bedding- Sheets/Blankets or a sleeping bag
- Shorts
- Sweatshirt
- Sunscreen
- Bathing Suit
- Hat
- Bedding Linens
- Blanket/Sleeping Bag
- Pillow
- Shower Towel

### **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.

### **Directions To Big Bear Sports Ranch**

2080 Erwin Ranch Rd,  
Big Bear Lake, CA 92314

## 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 \_\_\_\_\_

### 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 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.