



Thank you for registering for the adidas Tennis Camps at  
**(Georgia Southern University – Savannah, GA)**

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 – All Campers

- Check in July 14th from 1-2pm at the dorm building TBA.
- There is a tennis session on that Sunday so please be dressed ready to play.
- After the first day, day campers check in daily from 8:45-9am at the tennis courts.
- Lunch is included for day campers.

### Camp Departure

Day Campers: 4PM each day at the courts  
Last Day of Camp- July 18th, check out on last day is at 4 PM at the courts.

### Camp Address

11935 Abercorn St  
Savannah, GA 31419

### Camp Phone Number

adidas Tennis Camps – 800.944.7112  
Director – Sean McCaffrey 912.341.9400

### 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 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
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas
- Bedding Linens
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Bathing Suit
- Spending Money – we recommend bringing no more than \$50
- Key Deposit Check – made out to “adidas Tennis Camps”
- Hat

## 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 are not responsible for the theft or loss of personal items.

## Directions to Georgia Southern University

**Northbound:** Travel north on interstate 95 (I-95N). Take exit 94, GA-204, toward Savannah/Pembroke. Turn right onto GA-204 E for 7.3 miles. Armstrong State University is on your right and has two entrances onto campus. The second entrance (Arts Drive) is the main entrance to the university. See [campus map](#) for specific building locations.

**Southbound:** Travel south on interstate 95 (I-95N). Take exit 94, GA-204, toward Savannah/Pembroke. Turn left onto GA-204 E for 7.5 miles. Armstrong State University is on your right and has two entrances onto campus. The second entrance (Arts Drive) is the main entrance to the university. See [campus map](#) for specific building locations.

**Eastbound:** Travel east on interstate I-16 (I-16E). Take exit 157A onto interstate 95 (I-95S) toward Brunswick/Jacksonville for 5.1 miles. Turn onto GA-204 E for 7.5 miles. Armstrong State University is on your right and has two entrances onto campus. The second entrance (Arts Drive) is the main entrance to the university. See [campus map](#) for specific building locations.

**Campus Map** - <http://www.georgiasouthern.edu/map/armstrong/>

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

### **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