Thank you for registering for the adidas Tennis Camps at
(Georgia Southern University – Statesboro, 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. This packet can be downloaded at www.TennisCamper.com, under “Download Forms”.

Check In – All Campers
- Check in July 7th from 1-2pm at the Eagle village dorm building.
- Check in July 21st from 1-2pm at the tennis courts.
- 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 except on Sunday.

Camp Departure
Day Campers: 4PM each day at the courts
Last Day of Camp- July 11th and July 25th, check out on last day is at 4 PM at the courts.

Camp Address
1332 Southern Drive
Statesboro, GA 30458

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
  o 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 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 cancelation within 5 days of the start of camp will result in a camp credit minus $100 cancelation 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.
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

From I-75 South/I-16 East/US-301 North (Atlanta/Macon):
Take Exit 116 off of I-16 and turn left (north) onto US-301. In 9 miles, turn right onto US-301/US-25 Bypass (Veterans Memorial Pkwy). Then turn left at the first traffic light onto Chandler Road. Turn left on Dorman Drive, into parking lot “21, park inside Lot 21.

From US-25 and US-80 (Augusta and other routes):
After passing through the US-25 Bypass, continue into Statesboro to the fourth traffic signal and turn right onto US-301 South (N. Main Street). Continue through Statesboro until the road splits toward Highway 67 South. Veer left to follow Highway 67 South. Continue on 67 South, and it will become Fair Road. Continue on Fair Road (you will pass the University practice fields on the right). Turn right onto Chandler Road. Then turn right on Dorman Drive, into parking lot “21, park inside Lot 21.

16 West/GA 67 North (Savannah/Florida):
Take Exit 127 off of I-16 and turn right (north) onto GA 67. It is about 15 miles from I-16 to the Statesboro city limits. Proceed to the fifth traffic signal (Chandler Road) and turn left. Then turn right on Dorman Drive, into parking lot “21, park inside Lot 21.

Campus Map - [https://www.georgiasouthern.edu/map/](https://www.georgiasouthern.edu/map/)

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_________

Tuberculin_________

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.