



Thank you for registering for the adidas Tennis Camp at
(Loomis Racquet Academy/Swarthmore College – Swarthmore, PA)

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

Overnight Campers – July 23rd, July 30th at Alice Paul Hall at 2pm-3:30pm

Day Campers – July 23rd, July 30th at the upper courts at 3:15pm

Half Day Campers – July 24th, July 31st at the tennis courts 8:45am-11:30am.

Please Note: Lunch will not be served on the 1st day of camp.

Check Out

July 28th, August 4th at the courts at 3:30pm. There will be an award ceremony and video presentation to follow.

Day Campers

Camp ends daily at 4:00 PM. Extended day ends daily at 5 PM. Lunch is included. Half Day campers come to camp 9-11:30am.

Camp Address

Swarthmore College
500 College Ave, Swarthmore, PA 19081

Camp Phone Number

Director's Phone - Jeremy Loomis # 267-970-3959
adidas Tennis Camp Office: 800.944.7112

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.

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 1st 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.

Key Deposit (Overnight Campers only)

The School requires a **key deposit of \$50** per camper. Please bring a check made out to "Swarthmore College" for \$50. The check will be returned to the camper at the end of camp after they turn in their key.

Transportation

Transportation from airports, train stations or bus stops can be set up through Coach Loomis.

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 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.

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 - Extra Long twin sheets
- Blanket or Sleeping Bag
- Pillow
- Shower Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Spending Money – we recommend bringing no more than \$75-\$125 for CAMP BANK
- Key Deposit Check – made out to “adidas Tennis Camps”
- Bathing Suit
- 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 Camps are not responsible for the theft or loss of personal items.

Directions to Swarthmore College

Swarthmore College
500 College Avenue
Swarthmore PA 19081
Phone: (610) 328-8000

Campus Map <http://www.swarthmore.edu/campusmap/>

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.