



Thank you for registering for the adidas Tennis Clinics at
(Mount Ida College, UMass Campus–Newton, MA)

We're looking forward to seeing you at our clinics this summer! We hope that this clinic 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

July 15th at 9 AM, at the tennis courts.
Please Note: Lunch is not provided. We will get out from the sun each day around 12 PM, please pack a bagged lunch and snacks.

Clinic Departure

Half Day: 12pm or 3PM each day.
Full Day: 3:00 PM each day.
Last day is Thursday July 18th

School Address

777 Dedham St, Newton, MA 02459

Clinic Phone Number

On Site Directors Phone # Francisco Paco Maroto-
857.261.0139
adidas Tennis Clinics Office: 800.944.7112

Health Form

IMPORTANT! Participants will not be admitted to the clinic without this form!
adidas Tennis clinics Health Form

- Please fill out and **bring to check in on the 1st day.**

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 clinics 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 the start will receive a credit voucher equal to the amount of tuition already paid. The credit voucher is transferable to another family member and is good for any adidas Tennis clinics through next summer (agreement begins at time of purchase). Any cancellation within 5 days of the start, will result in a credit voucher minus \$100 cancellation fee. Credit Vouchers are not extended to participants 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 clinic! 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
- T-Shirts
- Sunscreen
- Hat

Spending Money and other Valuables

It is not recommended that excessive amounts of cash be brought to the clinics. Please remind your child to keep any spending money in a secure place.

We also try to discourage participants from bringing electronic devices such as ipods and laptop computers. The adidas Tennis Clinics are not responsible for the theft or loss of personal items.

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).

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.