



Thank you for registering for the adidas Tennis Camp in  
**(St. Thomas Aquinas College - Sparkill, NY)**

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/Out

June 29, July 6, July 13, August 3, August 10, and August 17: 8:45am-9am at the tennis courts  
**Performance:** Monday-Friday 9am-2:30pm  
**Extended Time:** Monday-Friday 9am-2:00pm  
**Development:** Monday-Friday 9am-1:00pm  
Lunch is NOT included. Please bring a bagged lunch each day.

### Check Out

Everyday at the courts. Parents are encouraged to attend the final session on the last day! Check out will occur immediately after the closing ceremony at the courts.

### Tennis Court Address:

125 NY-340  
Sparkill, NY 10976

### Camp Phone Number

adidas Tennis Camp Office: 800.944.7112  
Director: Erin Murphy: [845-398-4065](tel:845-398-4065)

### 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.

### 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.

### 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

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Health Form                                      | <input type="checkbox"/> Shorts    |
| <input type="checkbox"/> Tennis racquet(s), tennis shoes (no black soles) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Water jug  | <input type="checkbox"/> Hat       |
| <input type="checkbox"/> T-Shirts   |                                    |

## DRIVING DIRECTIONS:

### FROM NEW YORK TO LONG ISLAND VIA THE GEORGE WASHINGTON BRIDGE

Bear right crossing the George Washington Bridge, following signs to the Palisades Interstate Parkway. Travel north to Exit 5N (Orangeburg-Route 303 North). Follow the local directions below.

### FROM NEW JERSEY AND PENNSYLVANIA VIA GARDEN STATE PARKWAY

Follow the Garden State Parkway to the end onto the New York State Thruway. Follow the New York State Thruway to Exit 13 South (Palisades Interstate Parkway South). Travel south to Exit 5N. Follow the local directions below.

### FROM NEW JERSEY AND PENNSYLVANIA VIA NEW JERSEY TURNPIKE

New Jersey Turnpike to the last exit before the George Washington Bridge. Follow signs for Palisades Interstate Parkway North to Exit 5N, and follow local directions below.

### FROM WESTCHESTER AND CONNECTICUT VIA TAPPAN ZEE BRIDGE

Take the New York State Thruway to Exit 13S. Follow Palisades Parkway south to Exit 5N, and follow local directions below.

### FROM UPSTATE NEW YORK VIA ROUTE 17 (SOUTH)

Take Route 17 South to the New York State Thruway. Follow the New York State Thruway to Exit 13S. Take Palisades Parkway south to Exit 5N. Follow the local directions below.

## LOCAL DIRECTIONS

Coming off the Palisades Parkway, bear right off the ramp and go north on Route 303 to the second traffic light. Turn right onto Route 340. Follow Route 340 to the first traffic light and turn left into the Main Campus entrance. Park in the parking lot adjacent to the tennis courts.

**Campus Map:** <https://www.stac.edu/about-stac/campus-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

## Cancellation Policy

Any Camper who must cancel their registration more than fifteen (15) days prior to the camp start date will receive a voucher equal to the full amount of camp tuition already paid which may be used toward any program or camp offered by eCamps. If a camper must cancel their registration fourteen (14) days or fewer prior to the start of camp, eCamps will issue camper or parent a voucher equal to 50% of the camp tuition, which can be transferred to a future program or camp within the same calendar year or next calendar year. The voucher is also transferable to another family member and is good for any camp offered by eCamps within one year of the date of purchase. Camp vouchers are not extended to campers who leave camp after the start of a session. **Cash refunds are not offered under any circumstances.**

If eCamps Sports Network is forced to postpone your child's 2020 summer camp due to the facility being closed or by government mandate, you will receive a camp credit voucher for tuition fees paid (never expires, fully transferable & for any sport).

## 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.