



Thank you for registering for the adidas Tennis Camps at
(Wartburg College – Waverly, IA)

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

Check in for Overnight Campers: June 25th
at 1-2 PM at the dorm building.
Check in for Day Campers: June 25th at 1-2
PM at the dorm building.

Camp Departure

Day Campers: 4PM each day, except on last
day at 12 PM
Parents are encouraged to attend the final
session on the last day for the closing
ceremony.
Last Day of Camp- June 30, check out on
last day is at 12 PM.

Camp Address

100 Wartburg Blvd, Waverly, IA 50677

Camp Phone Number

adidas Tennis Camp Office: 800.944.7112
Director – Chris Gustas: 319-310-4752

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 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.

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 Wartburg College

Wartburg College is centrally located between most of the major metropolitan areas of the Midwest in Waverly, Iowa, a community of 10,000 residents within the Cedar Valley metro area of about 150,000 people.

Located on “The Avenue of the Saints” (Highway 27/218) that connects Minneapolis/St. Paul to St. Louis, Waverly is easily accessible.

Drive Time from Major Cities

- From Rochester, Minn. – 2 hours
- From Minneapolis, Minn. – 3 hours
- From Chicago, Ill. – 5 hours
- From Madison, Wisc. – 3 1/2 hours
- From St. Louis, Mo. – 6 hours
- From Omaha, Neb. – 4 hours
- Denver, Colo. – 11 1/2 hours

Campus Map - <http://vip.wartburg.edu/campusmap.pdf>

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