



(Deerfield Academy – Deerfield, CT)

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@campsquash.com. This packet can be downloaded at www.campsquash.com, under "Download Forms".

Check-In

For Day Campers

July 31st Sunday check-in at 2:00 PM at Barton Dorm (right next to the baseball field at the end of Albany Rd). Please see the attached map of the campus. Check in the rest of the week, Monday-Thursday will be at 9am at the courts. Pick up is at 4 pm each day.

For Overnight Campers

July 31st, Sunday check-in is from 1-2 pm at Barton Dorm (right next to the baseball field at the end of Albany Rd). Please see the attached map of the campus.

Check Out

All sessions will check out at 4pm on the last day of the session (Thursday) at the squash courts.

Camp Address

Deerfield Academy
7 Boyden Lane
Deerfield, MA 01342

Campus Map

<https://map.concept3d.com/?id=1344#!s/>

Camp Phone Number

Director: Sahel Anwar: 203.209.4880
Alternate Director: Satyajit Seshadri – 646.369.2175
International Squash Academy: 800.944.7112

Health Form

IMPORTANT! Campers will not be admitted to camp without this form! See email below

- **Please fill out, upload to your online account 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.

Transportation

International Squash Academy is unable to 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.

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.campsquash.com

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 2022 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).

Covid-19 Policy: ALL CAMPERS are REQUIRED to be fully vaccinated, including the covid-19 vaccine. For those who are not vaccinated, you need a religious or medical exemption which can be obtained by filling out the "Exemption Form" below and emailing it to Support@CampSquash.com. For those who need the exemption, we will also need proof of a negative covid-19 test within 2 days of the start of camp. (Any at home or PCR test will suffice).

Packing List

- [Health Form](#) (with Dr. Signature) (See Below- need copy at check-in)
- [Administration of Medication Form](#) (if necessary, See Below)
- Covid 19 Vaccination, if not, we will need an exemption form filled out and emailed to camp office by July 27th (see below)
- Negative covid-19 test result within 72hrs of check in on the first day (at home or PCR)
- Squash racquet(s), sneakers
- Water jug, plastic cup for water
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas (overnight Only)
- Bedding Linens (overnight Only)
- Blanket/Sleeping Bag (overnight Only)
- Pillow (overnight Only)
- Shower Towel (overnight Only)
- Toiletries (overnight Only)
- Portable Fan - no A/C in dorm rooms (overnight Only)
- Alarm Clock (overnight Only)
- Padlock
- 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 International Squash Academy is not responsible for the theft or loss of personal items. Electronic devices will be very limited for campers during camp

Cell Phone Policy

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 to interact and engage with other campers but understand they might want the chance to call home, text friends, etc No photos or videos may be taken by campers during camp. If phones are used during non permitted times or in a non-permitted fashion they will be confiscated. In the case of more than one offense of inappropriate use parents will be informed and phone may be confiscated for the duration of camp. For overnight camps, in order to facilitate sleep camper phones will be collected at lights out and will be returned in the morning.

Driving Directions To Deerfield Academy: can find directions to DA using [Google](#) or [Bing](#) Maps. In GPS systems, you can use any of the following: “7 Old Main Street,” “1 Albany Road,” or “1 Academy Lane.” You may also input our location using GPS coordinates 42° 32' 43.8" N, 72° 36' 17.88" W.

Driving Directions

Deerfield Academy is in Western Massachusetts 30 miles north of Springfield and 5 miles south of Greenfield in “Historic Deerfield.”

From the South

Driving to the Academy from the south, take I-91 North to Massachusetts exit 35 (formerly 24) and turn right at the end of the exit ramp. Head north on Routes 5 and 10 for five miles, turning left at the “Historic Deerfield” sign onto Main Street. Half a mile on the left is the Academy.

From the North

Driving from the north, take I-91 South to exit 36 (formerly 25), and turn left at the end of the ramp. At the stop light, turn left onto Routes 5 and 10 and proceed north for approximately four miles. Turn left at the “Historic Deerfield” sign onto Main Street and proceed about a half mile to the Academy.

From the East

Driving from the east, take I-90 West (the Massachusetts Turnpike) to exit 4. Head north on I-91 and follow “from the south” directions above. Or take Route 2 west to I-91 South and follow “From the North” directions above.

From the West

Driving from the west, take I-90 East (the Massachusetts Turnpike) to exit 4. Head north on I-91 and follow “From the South” directions above. Or take Route 2 east to I-91 South and follow “From the North” directions above.

Parking at Deerfield

There are visitor parking signs located in front of the Main School building and in front of Ephraim Williams House. Parking is also allowed on Albany Road. During large events (or weekends), Security will direct you to designated parking areas.

International Squash Camps at Deerfield Academy

VACCINE DECLINATION FORM

Name of Student: _____ Date: _____

Parent/Guardian Name: _____

The International Squash Camps office has advised me that my child, named above, should receive the COVID-19 vaccine.

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent.

I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s), the **consequences** may include:
 - Contracting and developing complications of the illness the vaccine would prevent
 - Transmitting the illness to others
 - Required modifications and/or restrictions in how my child participates in school activities and campus life
- The Deerfield Academy Summer Programs Medical Director strongly recommend that my child receive this vaccine(s) and this recommendation is in accordance with recommendations of the CDC.
- The Deerfield Academy Summer Programs Health Center is available to answer any further questions I might have regarding this recommendation.
- That I may change my mind at any time and have my child vaccinated in the future.
- I have read this document in its entirety and fully understand it.

Acknowledging the above, I have decided to DECLINE the vaccine(s) recommended for my child due to following reason (please check all that apply):

- My child has a medical contraindication to receiving this vaccine. (Additional documentation from your child's physician may be required if you check this box)**
- My child may not receive this vaccine because it conflicts with our sincerely held religious beliefs.**

Parent/Guardian Signature: _____ Date: _____

Please initial, sign and mail or email to your campers specific camp contact.

International Squash Academy Summer Camp Health Record

Every camper must have this health record filled out and bring it with them 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 Middle Initial

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Emergency Contact: _____

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 with in 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) _____

COVID-19 #1 _____ #2 _____ Booster _____

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 International Squash Academy, 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 _____

NOTEAll 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 "authorization of medication form" must accompany all medication and requires the physician's signature in CT, MA & NY.

THIS FORM APPLIES TO ANY MEDICATION INCLUDING OVER THE COUNTER THAT CAMPERS MAY TAKE DURING CAMP. If camper needs to take any medication during camp hours, or if there is any possibility that medication may need to be administered, the below form must be filled out and signed by a physician as well as the parent/ legal guardian. Please note that First Aid Director will need to hold on to any medication (even over the counter items such as Advil) and will distribute it per the filled out form below. If camper needs to take medication and form is not filled out and signed properly then medication cannot be administered during camp hours.

If your child requires medication during camp (any type of medication: over the counter, prescription or EPI Pen) they will need doctor's orders for EACH medication. Also, each medication MUST be in its original container and labeled with the child's name.

Authorization for the Administration of Medication by Camp Personnel

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ___/___/___ Today's Date ___/___/___

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ___/___/___

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____