



## (Loomis Chaffee School – Windsor, 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](mailto:support@campsquash.com). This packet can be downloaded at [www.campsquash.com](http://www.campsquash.com), under "Download Forms".

### Check-In

#### For Extended Day & Day Campers

July 30<sup>th</sup> Sunday from 1PM-2PM at the dorm TBA. Please see the attached map of campus. Day camper pick up is at 4 pm each day. Extended day camper pick up is at 8pm each day except the last day at 4pm

#### For Overnight Campers

July 30<sup>th</sup> Sunday from 1PM-2PM at the dorm TBA. Please see the attached map of campus.

### Check Out

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

### Camp Address

Loomis Chaffee School  
4 Batchelder Rd  
Windsor, CT 06095

### Camp Phone Number

International Squash Academy Camp Office:  
800.944.7112

### Health Form

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

International Squash Academy 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.

### Padlock (For Overnight Campers Only)

The school does not permit the dorm rooms to be locked. There is a closet in the rooms that can be locked with a padlock/combination lock. Campers need to bring their own padlocks as there will not be any available for rent/purchase.

### 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 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.campsquash.com](http://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 2023 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).

### Packing List

- [Health Form](#) (with Dr. Signature) (See Below- need copy at check-in)
- [Administration of Medication Form](#) (if necessary, See Below)
- 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.

**Campus Map** [Loomis Chaffee School](#)

# 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 \_\_\_\_\_

\*\*\*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 "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)** \_\_\_\_\_