

2022 Easton Racquet Club Summer Camp Registration

General Information

The Easton Racquet Club Kids Summer Camp is designed to teach racquet skills and keep your child active throughout the summer. Daily activities include tennis, paddle and pickleball instruction by certified professionals and advanced level high school and college players, including swimming and other fun activities.

Our amazing staff will provide the best possible care, coaching and proper supervision to your children, while they interact and make new friends through various activities.

The Easton Racquet Club is located on Wimbledon Lane in Easton, CT. Our recently expanded Club features: 6 hard-tru Tennis Courts, 4 Platform Tennis Courts & 4 Pickleball Courts (coming early this summer), and a heated oversized pool.

Camp weeks: June 13 thru August 12 (no camp July 4th, cost will be adjusted for that week)

- Open to: Boys and Girls ages 5 thru 12 yrs.
- Hours: 9am thru 3:30pm
- Bring your own lunch and snacks, refrigeration is provided
- Water will be available during the day

Typical Daily Schedule

➤ 9:00 - 9:15 - Drop off
➤ 9:15 - 10:45 - Tennis Instruction
➤ 11:00 - 12:00 - Swim Activities
➤ 12:15- 12:45 - Lunch and quiet time
➤ 1:00 - 2:00 - Arts and crafts/Paddle/Pickleball/Games
➤ 2:00- 3:00 - Tennis Games/Match Play
➤ 3:30 - Pickup & Sign out

If you any camp questions, please contact:

Marcela Rodezno

Director of Racquets at Easton Racquet Club

USPTA Elite Certified Tennis Professional

PTR Tennis Professional

(803) 614-8900

Email: Dor@eastonracquetclub.com

Registration Dates and Payment Terms

All registration materials and full payment are due at the ERC Office by April 20th

**Marcela Rodezno - Summer Camp
Easton Racquet Club
36 Wimbledon Lane
Easton, CT 06612**

Required Forms

The following documents must be signed and submitted by April 20th.

- Enrollment Form (below)
- Authorization and Waiver of Liability Form, including a list of people who are authorized to pick up your child, including parents. (below)
- State of Connecticut Health Assessment Record to be filled out by the parent and an authorized Health Care Provider. The Health Assessment Record cannot be more than 1 years old. (Physician)
- Check for the full amount: **Easton Racquet Club Summer Camp**

If your child will be bringing medication to camp, you must have a physician complete and sign the Medication Authorization Form (from your Physician) prior to the start of camp. We will not accept medication without the form.

Easton Racquet Club Summer Camp

Enrollment Form:

Camper's First Name _____ Last Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age entering camp. _____ Grade entering in Sept. _____

Parent # 1 _____ Parent # 2 _____

Home Address _____ Home address _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

___ Home Phone # (___) _____ Home Phone # (___) _____

___ Cell Phone # (___) _____ Cell Phone # (___) _____

___ Work Phone # (___) _____ Work Phone # (___) _____

Parent/Guardian E-Mail Address _____ (camp info will be sent via e-mail)

If a parent cannot be reached, give the name and relationship of the person to be called in case of emergency.

Name: _____ Relationship: _____

Home # (___) _____ Work # (___) _____ Cell # (___) _____

Does your child require special accommodations (social, behavioral, medicine)? Yes _____ No _____
 _____. If so, an Individual Plan of Care for a Child and an authorization of medication form must be provided the week before the start of camp.

➤ Week Selection and Camp Fee Calculation

			Check (x) week attending
Week	1	Jun 13 thru Jun 17	
Week	2	Jun 20 thru Jul 24	
Week	3	Jun 27 thru July 1	
Week	4	Jul 5 thru Jul 8 (4 days)	
Week	5	Jul 11 thru Jul 15	
Week	6	Jul 18 thru Jul 22	
Week	7	Jul 25 thru Jul 29	
Week	8	Aug 1 thru Aug 5	
Week	9	Aug 8 thru Aug 12	
Total Weeks			

*** No Camp on July 4**

Payment: (lunch & snacks not included)

- Member Camp Fee Calculation
 - Total # of Weeks _____ X \$375 = _____ (Jul 5-8, \$300)

- Non-Member Camp Fee Calculation
 - Total # of Weeks _____ X \$425 = _____ (Jul 5-8, \$340)

- **A check for the total camp fee amount must be sent along with the registration materials.**

- **Make the check out to: Easton Racquet Club Summer Camp**

Authorization and Waiver of Liability Form:

Parent/Guardian Permission and Waiver of Liability: I hereby give permission for my child to participate in all activities that are part of the camp program. I understand there are risks associated with camp activities and programs in which my child is a participant. I understand that the Easton Racquet Club is a non-profit membership organization charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the Easton Racquet Club Kids Tennis Camp, I release, on behalf of the child, myself and members of the child's family, the Easton Racquet Club, its officers, directors, members, employees and volunteers from all claims of damage or loss (including but not limited to person injury and property damage) that may occur as a result of my child's participation in any Easton Racquet Club-sponsored program or activity. I understand that I am responsible for any and all charges for medical treatment, property damage, or acquiring my own insurance. I acknowledge that participation in Easton Racquet Club-sponsored activities is conditional upon compliance with all applicable rules and policies established by the Easton Racquet Club. I also grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes without further consideration.

Authorization for Medical Attention: I give permission for the ERC's Certified First-Aid staff to treat my child, if needed. I authorize the camp staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

Concussion Information: I have read the CDC Concussion Fact Sheet and will talk to my child about the information. (<http://www.cdc.gov/headsup/>)

Sunscreen/Bug Spray Release: I hereby give permission for the Easton Racquet Club to apply sunscreen and/or bug spray to my child. I will supply sunscreen and/or bug spray for my child as well as apply to my child every morning. The Easton Racquet Club is NOT responsible for lost or stolen bottles of sunscreen/bug spray (please label containers).

Guardian Authorization: To ensure the well-being of all our campers and our ability to help you with picking up your child, please include every person that could assume the custody of your

child for any unforeseen circumstances. The Easton Racquet Club require photo I.D. to release any child to an authorized pick-up person listed on this form. I authorize the Easton Racquet Club to release my child to the custody of the following people other than me:

Name: _____ Relationship: _____ Phone: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____ Phone: _____

I understand the financial requirements, registration process, payment obligations and deadlines for Easton Racquet Club Summer Camp. I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____ Date _____