

FORM CHECKLIST

Please take a few minutes to review this checklist carefully!

Please send back the following applicable completed individual forms 1 thru 5, and Four (4) Forms sheet ASAP along with the tuition balance (due by May 15).

Also enclosed are: Clothing & Supplies List, Important Camp Info, Directions to Camp, Instructions for sending E-Mail (Bunknotes) to campers & Cancellation Insurance Instructions.

Give stapled forms 1, 2 & 3 to the physician when camper gets his physical exam.

- _____ 1. **Medical Form signed by physician & parent.**
Important! Please attach copy of family's health insurance card.

- _____ 2. **Non Prescription Authorization Form initialed & signed by physician & parent.**
Physician and parent **must** initial each permitted medication.

- _____ 3. **Prescribed Medication Authorization Form signed by physician & parent.**
Only send back this form if prescribed medication is to be taken at camp.

- _____ 4. **Confidential Information Form & Disclosure Statement with recent picture**
Parent must sign this form!

- _____ 5. **Bus Form: To & from camp (from Bloomingdale's, White Plains).**
Recommended by Joel for best transition to camp.

The following Four (4) forms are included on one sheet:

- _____ 1. **General Activity/Trip Permission Form (parent signature required)**

- _____ 2. **Order Form...logo items, tennis racquet, etc.**
(Each camper will receive one free t-shirt (collared shirt for golfers) upon arrival)

- _____ 3. **Roommate / Single Request Form**

- _____ 4. **SAT Prep Form for 9th thru 12th graders**

Joel Ross Tennis/Golf & Sports Camp

PO Box 62H Scarsdale, NY 10583

non-summer months: 914-668-3258 fax 914 723-4579

Summer: (860) 927-6339 fax 927-6340 web site: www.joelrosstennis.com www.joelrossgolf.com
e-mail to Joel Ross: info@joelrosstennis.com

Give all 3 stapled health forms to the physician.

Give stapled forms 1, 2 & 3 to the physician when camper gets his physical exam.

1. Medical Form signed by physician & parent.

Important! Please attach copy of family's health insurance card.

2. Non Prescription Authorization Form initialed & signed by physician & parent. Physician & parent must initial each permitted medication.

3. Prescribed Medication Authorization Form signed by physician & parent. Only send back this form if prescribed medication is to be taken at camp.

These forms plus health insurance card must be returned before your child begins camp.

MEDICAL FORM

Instructions * Please be sure to complete the PARENT SECTION: *then* give this form to your physician.

return before camp begins
Joel Ross Tennis/Golf Camp
PO Box 62H Scarsdale, NY 10583
after June 20: Kent School Kent, CT 06757

PARENT SECTION: *Though the likelihood of an emergency at camp is small, all information noted here must be provided. If details of your child's medical history are unclear, please have the physician assist you in completing both sides of this sheet. Authorizations must be signed to guarantee attendance at camp. Thank you.*

Camper/Staffer Name _____ Gender _____
Birth date _____ Session(s) attending _____

Parent Name (s) _____
Home ph _____ Work ph _____
Cell ph _____ e-mail/fax _____
Address _____
City _____ State _____ Zip _____

If two household family...Parent Name _____
Home ph _____ Work ph _____
Cell ph _____ e-mail/fax _____
Address _____
City _____ State _____ Zip _____

Emergency Contact. If parent/guardian isn't available, please notify:
Name _____ Relationship _____
Phone #'s (work, home & cell) _____
Address _____
City _____ State _____ Zip _____

Name of child's physician _____
Phone _____
**Please attach address/phone of all specialists caring for your child*

Do you carry family medical/hospital insurance? Yes ___ No ___
If so, carrier or plan name _____ Group # _____
Carrier address _____
Name of insured (parent/guardian) _____

Parent Authorizations * The health history below is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted...I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer hospitalization, injections, anaesthesia, surgery, and/or any other proper treatment for the person named above...This form may be copied for trips out of camp.

PARENT SIGNATURE _____ Date _____

Health History to be completed by Parent * *the intent of this information is to provide camp health care personnel and counselors the background to provide appropriate ongoing and emergency care. In completing this form it is assumed that the camp directors will be provided with any and all updated medical information right up to the first day of camp.*

Medications (including vitamins) taken routinely. * *if additional meds, note on attached page.*

Medication #1 _____
Dosage _____ How often each day _____
Reasons for taking:

Medication #2 _____
Dosage _____ How often each day _____
Reasons for taking:

This person takes NO medications on a routine basis _____

Allergies * *Please describe reaction and management of reaction. Use additional page if necessary.*

Allergies to medications, and reaction:

Allergies to food, and reaction:

Other allergies (insect stings, hay fever, asthma, animals, etc.)

PARENT * Please see other side for more required information

PARENT SECTION Continued...

Camper/Staffer Name _____

Restrictions * Please discuss these in detail on an attached page.

Dietary:

Physical activity to be restricted:

Contagious diseases

	Date
___ Measles	_____
___ Chicken Pox	_____
___ German Measles	_____
___ Mumps	_____
___ Hepatitis	_____

Additional Information - about the participant's physical or mental health about which we should be aware - can be provided below or on an attached page.

General Questions i.e. 'you' refers to child	Yes	No
1. Have you ever been hospitalized?	___	___
2. Have you ever had surgery?	___	___
3. Have you any chronic or recurring illness/condition?	___	___
4. Have you had mononucleosis in the past 12 months?	___	___
5. Have you ever passed out during/after exercise?	___	___
6. Have you ever been dizzy during/after exercise?	___	___
7. Have you ever had chest pain during /after exercise?	___	___
8. Have you ever had high blood pressure?	___	___
9. Have you ever been told you have a heart murmur?	___	___
10. Have you ever had a head injury?	___	___
11. Have you ever been knocked unconscious?	___	___
12. Do you have frequent headaches?	___	___
13. Have you ever had seizures?	___	___
14. Do you have epilepsy?	___	___
15. Do you have diabetes?	___	___
16. If female, is menstrual history abnormal? ___	___	___
17. Have you had frequent ear infections?	___	___
18. Do you have any skin problems (rash, acne, etc.)?	___	___
19. Is there a history of bed wetting?	___	___
20. Is an orthodontic appliance being brought to camp?	___	___
21. Do you wear glasses, contacts or protective eye wear?	___	___

**If you answered yes to any of the above, please provide details on another page.*

Attention Parent: Please attach copy of camper's health insurance card to this form.

PHYSICIAN SECTION

* Please review the information on both sides of this page and complete the questions below. Use additional sheets as necessary.

1. I have reviewed this entire medical form and confirm that all information herein and on any attached pages is correct ___ should be clarified as follows:

2. The above person is ___ is not ___ able to participate in an active camping program.
 3. The applicant is under the care of a physician for the following conditions:

Current treatment includes:

- 4. Recommendations and restrictions at camp:
- 5. Treatment to be continued at camp:
- 6. Medications to be administered at camp (see attached sheet):
- 7. Any medically prescribed meal plan or dietary restrictions:
- 8. Any allergies to be noted:

Physical exam

Date of last examination _____

Height _____ Weight _____ B.P. _____

Immunization history:

Vaccine	up to date	yes	no
Measles	___	___	___
Mumps	___	___	___
Rubella	___	___	___
Chickenpox	___	___	___
Tetanus	___	___	___
Hepatitis B	___	___	___
Diphtheria	___	___	___
Pertussis	___	___	___
Polio	___	___	___

Physician's Signature _____ Date _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Form completed by _____ Date _____

NON-PRESCRIPTION AUTHORIZATION FORM

Parent & Physician must initial each approved non-prescription medication on line provided & write full signature on back page.

Camper's Name _____ Age _____ Weight _____

Acetaminophen: tablets (i.e. Tylenol Regular Strength) 325 mg. ea.
elixir (80 mg. per 1/2 tsp)

purpose: pain reliever/fever reducer

dosage: <110 lbs...1 tablets every 4-6 hours as needed; not to exceed 4 tablets in a 24 hour period
>110 lbs...2 tablets every 4-6 hours as needed; not to exceed 8 tablets in a 24 hour period
or Elixir ...60-71 lbs: 2 1/2 tsp...; 72-95 lbs: 3 tsp...every 4 hours as needed; not to exceed 5 doses in 24 hour period

Parent's Initials _____ Physician's Initials _____

Ibuprofen tablets (i.e. Advil) 200 mg. ea.
oral suspension (i.e. Children's Advil) 100 mg. per tsp.

purpose: pain reliever/fever reducer

dosage: <110 lbs...1 tablet every 4-6 hrs.; not to exceed 4 tablets in 24 hr. pd.
>110 lbs...2 tablets every 4-6 hrs; not to exceed 4 tablets in 24 hr. pd.
for children 60-71 lbs: 2 1/2 tsp...72-95 lbs: 3tsp...every 6-8 hours as needed but no more than 4x a day

Parent's Initials _____ Physician's Initials _____

Guaifenesin syrup (i.e. Robitussin) 100 mg. per tsp.

purpose: loosens & relieves chest congestion

dosage: <110 lbs....1 1/2 tsp every 4 hours
>110 lbs...3 tsp every 4 hours

Parent's Initials _____ Physician's Initials _____

Pepto-Bismol chewable tablets or liquid

purpose: relief for upset stomach, indigestion, nausea, heartburn, diarrhea

dosage: <110 lbs....1 tablet (or 1 tbs) every 1/2 to 1 hour as needed; max of 8 doses in 24 hr. pd.
>110 lbs...2 tablets (or 2 tbs) every 1/2 to 1 hour as needed; max of 8 doses in 24 hr. pd.

Parent's Initials _____ Physician's Initials _____

Mylanta liquid

purpose: antacid-anti-gas

dosage: >110 lbs...shake well, take 3 tsps. between meals; not to exceed 24 tsps. in 24 hr. pd.

Parent's Initials _____ Physician's Initials _____

Dramamine chewable tablets 50 mg. ea.

purpose: motion sickness

dosage: <110 lbs...1 tablet every 6-8 hours, not to exceed 3 tablets in 24 hr. pd.
>110 lbs...2 tablets every 4-6 hours, not to exceed 8 tablets in 24 hr. pd.

Parent's Initials _____ Physician's Initials _____

TURN OVER

Camper's Name _____ Age _____ Weight _____

Pseudoephedrine HCL tablets (i.e. Dimetapp) 120 mg. ea.

purpose: relieves nasal & sinus congestion due to colds & allergies
dosage: >110 lbs...1 caplet every 12 hours not to exceed 2 caplets in 24 hrs.

Parent's Initials _____ Physician's Initials _____

Diphenhydramine HCL (i.e. Benadryl) tablets 25 mg. ea.; liquid 12.5 mg. per tsp.

purpose: relief from allergic reactions i.e. stuffy, runny nose, sneezing, itchy, watery eyes, itchy throat
dosage: <110 lbs...1 tsp. every 4-6 hrs.; do not take more than 6 doses in 24 hr. pd.
>110 lbs...2 tsp liquid or 1 tablet every 4-6 hrs.; do not exceed 6 tablets (6 doses) in 24 hr. pd.

Parent's Initials _____ Physician's Initials _____

Immodium caplets (each contains 2 mg loperamide HCL)

purpose: diarrhea
dosage: <110 lbs...1 caplet after the first loose stool; 1/2 caplet after each subsequent loose stool; no more than 3 caplets in 24 hours
>110 lbs...2 caplets after the first loose stool; 1 caplet after each subsequent loose stool; no more than 4 caplets in 24

Parent's Initials _____ Physician's Initials _____

Bacitracin ointment

purpose: prevention of infection in minor cuts, scrapes, burns
directions: apply small amount to affected area 1-3x daily

Parent's Initials _____ Physician's Initials _____

Caladryl lotion

purpose: relief from poison ivy
dosage: shake well; wash affected area; apply no more than 3-4x daily

Parent's Initials _____ Physician's Initials _____

Hydrocortisone cream 1%

purpose: relief of itching from minor skin irritations, inflammation & rashes
directions: apply to affected area no more than 3-4x daily

Parent's Initials _____ Physician's Initials _____

Parent & Physician full signature below:

Parent's Signature _____ Date _____

Physician's Signature & Title _____ Date _____

before June 15: JRT&SC PO Box 62H Scarsdale, NY 10583 914-668-3258 fax 914-723-4579
after June 15: JRT&SC Kent School Kent, CT 06757 860-927-6339 fax 860-927-6340

Joel Ross Tennis/Golf & Sports Camp

PO Box 62H Scarsdale, NY 10583

non-Summer months: 914-668-3258 fax 914 723-4579

Summer: (860) 927-6339 fax (860) 927-6340 web site: www.joelrosstennis.com www.joelrossgolf.com

e-mail to Joel Ross: info@joelrosstennis.com

PRESCRIBED MEDICATION AUTHORIZATION FORM

Part 1 must be signed by physician

Part 2 must be signed by parent

1. AUTHORIZATION BY PHYSICIAN:

Name of Child _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____

Condition for which drug is being administered during camp hours _____

DRUG: Name of Drug, Dose and Method of Administration _____

Times of Administration: _____, _____, _____ Medication shall be administered from ____/____/____ - ____/____/____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, list _____

The authorized prescriber's (Doctor) or Dentist's Name _____ Phone # (____) _____

Street Address _____ City _____ State _____

PHYSICIAN'S SIGNATURE _____ **Date** ____/____/____

PHYSICIAN'S PRINTED NAME _____

2. AUTHORIZATION BY PARENT for the administration of the above medication:

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child _____, be administered by the nurse or by camp personnel with current Medication Administration Training.

I understand that I must supply the Youth Camp with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over the counter medications shall be in the original container labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian _____ **Signature** _____

Relationship to child _____ **Date** ____/____/____

CONFIDENTIAL INFORMATION FORM & DISCLOSURE STATEMENT

PLEASE ATTACH RECENT WALLET SIZE PHOTO HERE!

A special note regarding this form:

Many parents are ambivalent about providing camps with information about personal aspects of their child's behavior or past experience. Some parents fear that the information may be misused, while others are concerned about their child being 'labeled', singled out or treated differently. All parents want to see their child have a good start at camp, unencumbered by past problems.

Very often having prior knowledge about a learning difficulty or a recent loss in or out of the family or a major change in the family or in the child's life can be the crucial factor in helping us be sensitive to your child's need for patience, understanding and reassurance. Since children often automatically use their behavior rather than their words to tell us what is bothering them, having advance knowledge of areas that might be difficult for your child really helps us understand the message in his or her actions so we can assure him or her of a better summer.

Our commitment is never to misuse such information or to release it to unauthorized persons. It will never be used at camp unless necessary and then only with the greatest of discretion. If you wish, we will inform you of any need to share this information with the staff people who are most in contact with your child and will certainly let you know if your child is having difficulty. If you have any special concerns about this information or about your child, please feel free to call or write us. As a team we can better assure your child of a successful time at camp.

Camper's Name _____ Grade (beginning 9/10) _____

First Time Camper _____ Has Been Away _____

Allergies and/or medical problems (just list them here and we will check the medical form for the details):

Any information you can furnish us with, regarding your child's personality traits, relationships with peers and adults, fears, etc. would be most helpful in assuring him/her a happy and productive summer (use other side as necessary):

DISCLOSURE STATEMENT: By signing below, the parent guarantees full disclosure of important camper issues in space provided above.

Parent Signature _____ Date _____

Joel Ross Tennis/Golf & Sports Camp
 PO Box 62H Scarsdale, NY 10583 Kent School Kent CT 06757
 914-668-3258 fax 914 723-4579 Summer: (860) 927-6339 fax 927-6340 info@joelrosstennis.com

RECOMMENDED CLOTHING & SUPPLY LIST

Please Mark Everything! Bring enough clothing for 7 days!

CLOTHING *(Please mark everything!)*

tennis & t-shirts (any color)	12	*tennis shorts/skirts (any color)	7-10
underwear	12	socks	12
warm-up suit	1	sweatshirt or light jacket	1
bathrobe	1	pajamas	2
hat for sun	1	jeans	1
raincoat	1	bathing suits	2-3
beach/bath towels	2	tennis sneakers	2
pool/shower thongs	1	clothes hangers	as needed
aqua shoes to protect feet from rocks at bottom of river (optional)		*tennis shorts have pockets	

BEDDING & LINEN *(Please mark everything!)*

Campers must bring their own sheets, pillows, blankets & towels:

extra long twin fitted sheet sets	2	pillow	1
pillow cases	2	blanket	1

LAUNDRY *(Please mark everything!)*

Bring a large, marked laundry bag, or purchase your own JRT&SC laundry bag (order form enclosed). Parents should enclose washing instructions for special clothing. All camper's laundry will be picked up by our custom laundry service on Friday & delivered folded in individual bags on Saturday. Therefore, one week's supply of clothing & linen is all that is necessary.

EQUIPMENT/SUPPLIES *(Please mark everything!)*

tennis racquets	1-2	water bottle	1
softball glove	1	sun block	1
flashlight & batteries	1	sunglasses	1
pre-stamped postcards	4	ballpoint pens	2
bug spray	1	laundry marker	1
scotch tape	1		

optional: squash racquet & goggles; desk fan (window fan is provided); musical instrument for talent show & general recreation; small reading lamp; posters & pictures

TOILET ARTICLES *(Please mark everything!)*

hairbrush or comb	1	toothbrush & toothpaste	1
soap & soapdish	1	drinking cup	1
box of tissues	1	shampoo	1
toilet case/kit	1	flip flops (for walking to shower)	1

GOLFERS *(Please mark everything!)*

1) set of clubs 2) light bag 3) 6 collared shirts (no tank tops or jean shorts allowed on course) 4) enough good balls for daily course play i.e. 1 dozen 5) sneakers or soft spikes (hard spikes are not allowed on courses).

SUGGESTED ARTICLES...Camera & film; deck of cards, board games & books. Write your name on throwaway cameras & CD's.

NO CELL PHONES! Cell phones brought to camp will be confiscated!

NO DVD players, tv's, computers, refrigerators & expensive electronic equipment, rollerblades, bicycles, scooters or skateboards, etc.

Four (4) Forms

Joel Ross Tennis/Golf & Sports Camp

Before June 20: PO Box 62H Scarsdale NY 10583 914-668-3258 fax 914 723-4579

After June 20: Kent School 1 Macedonia Rd. Kent CT 06757(860) 927-6339 fax (860) 927-6340 info@joelrosstennis.com

1. General Activity/Trip Permission for all campers: parent/guardian signature required

I hereby give my child permission to participate in camp sponsored activities, events & trips off campus. i.e. (but not limited to) tennis, squash, golf, basketball, soccer, football, softball, fitness including light weights, archery, trips to the movies, bowling, walks to town, amusement parks, baseball games, local parks & beaches, Danbury Mall, area golf courses, other camps & clubs for inter camp games, etc., etc., etc.

Camper's Name _____ Parent's Signature _____ Date _____

2. ORDER FORM (camp logo items)

ITEM	COST	*SIZE	QUANTITY	TENNIS RACQUET
*Designer T-Shirt	\$10	___	___	
*Sweatshirt	20	___	___	Prince Bandit \$89 + tax=\$93
*Hooded Sweatshirt	30	___	___	includes syn gut string & 110 sq. in. head size
Laundry Bag	15	___	___	grip size 1/8__1/4__3/8__1/2__5/8__
Tennis/Baseball Hat	10	___	___	ship to my home address___
Water Bottle	3	___	___	I will pick up at camp on first day___
Back Pack Tote	10	___	___	
TOTAL \$___				

*Designer T-Shirt is different from free t-shirt

*Please specify adult s, m, l or xl. Make checks payable to JRTE, Inc.

**All orders are picked up at check-in on day of arrival.

Camper's Name _____ Session(s) Attending _____

3. ROOMMATE / SINGLE REQUEST FORM

Campers are housed two to a room with a camper of approximately the same grade & age.
Roommate requests may be made below & must be requested by both parties.

Camper's Name _____ Session Attending _____

Roommate Request (include session) _____

___ If a single is available, the above camper would be happy to have it.

4. SAT PREP COURSE FOR CAMPERS ENTERING 9TH thru 12TH GRADES

The course will cover the English & writing parts of the SAT. Course will meet for 1 1/2 hours in the evening three times each during sessions 1,2 & 3. The cost is \$99 for each session.

Please sign up my child for the SAT prep course: Session 1__2__3__

Please enclose a check for \$99 per session. Make checks payable to JRTE, Inc.

Camper's Name _____ Parent's Signature _____ Date _____

Joel Ross Tennis/Golf & Sports Camp

PO Box 62H Scarsdale, NY 10583

914-668-3258 fax 914 723-4579 Summer (after June 20): (860) 927-6339 fax 927-6340 info@joelrosstennis.com

BUS TO & FROM CAMP

Joel Ross highly recommends the bus to facilitate camper's transition to camp.

Bus will be in Bloomingdale's lot adjacent to Bloomingdale Road at end nearest 'The Westchester' mall.

IMPORTANT INSTRUCTIONS: Campers awaiting the bus are sole responsibility of parents. Bus will wait until 11:15 & 3:45 for late campers & parents before departing. If parents have not arrived by 3:45pm, the child & luggage will be brought inside to the Bloomingdale's security office where camper will wait alone to be picked up. Please await bus counselor's instructions before boarding or loading the bus. Campers must remain seated & facing forward at all times, except to go to the bathroom.

Depart Bloomingdale's, White Plains

Sunday, June 26 11am ___
Sunday, July 10 11am ___
Sunday, July 24 11am ___

Return Bloomingdale's, White Plains

Friday, July 8 3:30pm ___
Friday, July 22 3:30pm ___
Friday, Aug. 5 3:30pm ___

\$48 one way/\$88 round trip. Air conditioned Holiday Coach Bus, restrooms, movies, etc. Lunch will be provided on Sunday upon arrival at camp. Please pack efficiently & come 15 minutes early.

From Manhattan (West Side): Take West Side Highway across Henry Hudson Bridge to Cross County Parkway onto Hutchinson River Parkway North toward Connecticut. Proceed as from Whitestone Bridge, below

From Manhattan (East Side): Take FDR Drive north to Willis Ave. Bridge. Take Major Deegan Highway. Proceed as from Whitestone Bridge, below

From Whitestone Bridge: Take Hutchinson River Parkway to exit 23N - Mamaroneck Avenue, White Plains. Turn right towards White Plains on Mamaroneck Avenue until fork in road (approx. 2 1/2 miles). Stay on right (road becomes Bloomingdale Road. Store is at the first light on the right.

From Whitestone Bridge via New England Thruway: Take Hutchinson River Parkway onto New England Thruway. Leave Thruway at exit 18B - Mamaroneck Avenue. Proceed on Mamaroneck Avenue to fork in road (approx. 5 miles). Stay on right (road becomes Bloomingdale Road). Store is at first light on the right.

From Tappan Zee Bridge via Cross Westchester Expressway: Proceed on new York State Thruway to exit 3 (2nd exit after bridge) onto 287 (Cross Westchester Expressway). Leave Expressway at exit 8W, bear left onto Bloomingdale Road. Continue south to second traffic light. Store is on left.

From Connecticut: Take New England Thruway or Merritt Parkway south. Exit at 287 (Cross Westchester Expressway) Follow 287 west to exit 8 (Route 119) Follow 119 to third traffic light. Turn left onto Bloomingdale Road. Continue south to second traffic light. Store is on left.

From Bronx River Parkway: Exit at 21: Go east on Main Street (one way street). Turn right onto Mamaroneck Ave. Go left on maple (at firehouse), down hill to end of street. Turn right onto Bloomingdale Rd. Go to first traffic light. Store is on left.

-----If mailing, tear here & retain upper sheet for dates, times & directions-----

Camper's Name _____ Sessions Attending: 1__ 2__ 3__

Parent's cell phone emergency number _____

Check off bus dates below:

1) Sun, June 26 ___ Fri, July 8 ___ 3) Sun, July 24 ___ Fri, Aug. 5 ___
2) Sun, July 10 ___ Fri, July 22 ___

I have enclosed a check for \$___ (\$48 one way/\$88 round trip) Parent's Signature _____

Joel Ross Tennis/Golf & Sports Camp

PO Box 62H Scarsdale, NY 10583

914-668-3258 fax 914 723-4579 Summer: (860) 927-6339 fax 927-6340 info@joelrosstennis.com

IMPORTANT CAMP INFO

HEALTH / MEDICAL INFO

PARENT NOTIFICATION OF INJURY OR ILLNESS

Parents will be notified by the health director when: a) the camper is running a temperature of 100 or greater b) the camper has been treated by the camp doctor or emergency room c) the camper has missed more than one day of activities due to injury

DOCTOR VISITS:

Parents are responsible for any doctor or medical bills incurred by their children due to sickness or injury. Doctor's visits must be paid at time of visit with credit card. Our nurse will contact parents at time of doctor visit with update & for credit card information. Parents must submit bills to their own insurance company for reimbursement.

EMERGENCY ROOM VISITS:

Emergency room visits are billed through the camper's health insurance. The camper's health insurance card should be stapled or clipped to camp medical form.

TRAVEL TO CAMP INFO

BUS CAMPERS

Pickup at Bloomingdale's parking lot, White Plains, 11am Sunday.
Dropoff at same spot, 3:30pm Friday.

CAMPERS BEING DRIVEN TO CAMP BY PARENTS:

Arrival: Sunday, between 1:30-2:30pm. Please do not come early. 1:30pm is the earliest check in!
Departure: Friday, 1pm (please do not come before 1pm!)

COMMUNICATION

NO CELL PHONES!!!...campers are not permitted to bring cell phones to camp!!!

CALLING HOME:

Campers may call home on Sunday during one of the following time periods:
morning 9-10am, afternoon 12:45-1:15pm, evening 5:45-6:30pm. During check-in, parents will choose the time period which is best for them. Parents of bus campers will have a chance to choose at the pick-up site. Calls are limited to 5 minutes. Phones are supplied by the camp.

Cell phones are not permitted & will be confiscated!

SEND CAMPER MAIL TO:

Camper's Name
Joel Ross Tennis/Golf & Sports Camp
Kent School
Kent, CT 06757

E-MAIL TO CAMPERS

Enclosed are instructions for registering to send One-Way Email (Bunknotes) to campers.

E-MAIL TO JOEL ROSS

Parents wishing to correspond with Joel Ross through e-mail should use: info@joelrosstennis.com

DO NOT SEND FOOD OR CANDY!

please turn over

IMPORTANT CAMP INFO continued

LAUNDRY / LINEN INFO

LINEN:

Each camper supplies his own linen. (see Clothing & Supply List)

Sheets: extra long twin fitted (2) & (2) bottom flat sheets, pillow cases (2), blanket (1) & pillow (1)

LAUNDRY:

Each camper's laundry is done individually by a laundry service, folded & put back in camper's laundry bag on Thursday.

PLEASE MARK EVERYTHING INCLUDING CD'S!

MISCELLANEOUS

NO MONEY MAY BE KEPT IN ROOMS: Any money brought from home is required to be checked in at the office. The only time that campers are allowed to spend their own money is on the Senior Trip (10th grade & above) & 'in-between sessions' at the mall & amusement park. The camp provides spending money & snacks on trips to movies, bowling, etc. Campers may not use their own money to purchase additional snacks at the movies, bowling, etc. The vending machines at Kent School are off limits to our campers.

SENIOR TRIP:

10th, 11th & 12th graders may bring spending money for a special shopping trip to the Danbury Mall for senior campers. The money is required to be checked in at the office.

BETWEEN SESSION STAYOVERS:

The \$195 fee covers all expenses including meals and snacks. Typically, we take the campers to Danbury Mall for dinner on Friday, back to Kent for a movie or indoor tennis on Friday night & an all day trip on Saturday. Campers wishing to shop at the Danbury Mall on Friday should bring additional money from home. This additional money is required to be checked in at the camp office until the scheduled trip.

RACQUET RESTRINGING

\$32, paid at time of pickup or with credit card

CANCELLATION INSURANCE

See enclosed form or go to: joelrosstennis.com or joelrossgolf.com; go to bottom of home page & click on TravMark logo. Follow instructions.

Joel Ross Tennis/Golf & Sports Camp

PO Box 62H Scarsdale, NY 10583

non-summer months: 914-668-3258 fax 914 723-4579

Summer (after June 20): (860) 927-6339 fax (860) 927-6340

web sites: www.joelrosstennis.com www.joelrossgolf.com

e-mail to Joel Ross: info@joelrosstennis.com

Arrival: Sunday, 1:30-2:30pm. No campers brought to camp by parents may check in before 1:30pm!

First Meal: Dinner at 5pm on Sunday

Pickup: Friday, 1-1:30pm (please do not come before 1pm)

For parents desiring overnight accommodations...

Fife & Drum Inn 860-927-3509 www.fifendrum.com

Starbuck Inn 860-927-1788 www.starbuckinn.com

DIRECTIONS TO CAMP

From Manhattan, New Jersey or Rockland County: Major Deegan (87) North to 287 East to 684 North...

From Long Island & Westchester County: Hutchinson River Parkway North to 684 North...

Continue on 684 North (do not get off at exit 3 or 4 or any other exit) for approx. 1/2 hour to Brewster where 684 becomes a two lane highway, Route 22. Follow 22 North for approx. 25 minutes, passing through Pawling and Wingdale, NY & exit to Route 55 East. Almost immediately 55 East makes a sharp right turn...follow sign for 55! At junction of Route 55 & route 7 (Gaylordsville, CT) take Route 7 north (left turn). Go approximately 10 miles to second traffic light. You are now in the town of Kent. There is a monument at this traffic light. Make a left at this light on route 341. Go two blocks and cross over bridge over the Housatonic River. Make first left onto campus. **Proceed...**along the river approximately 1/4 mile (passing a couple of parking areas) where you make a right hand U-turn & come back in the direction you came (but at a level above). Proceed approximately 100 yards to Middle Dorm on your left.

From Albany: Take the NY Thruway to the Massachusetts Turnpike. From Exit 1 (West Stockbridge) take Route 41 South. Route 41 joins Route 7 South at Great Barrington, MA. Continue on Route 7 South to Kent. Once in Kent take a right turn at traffic light & monument. Go two blocks and cross over bridge over the Housatonic River. Make first left onto campus. ...Proceed...(see above)

From Boston: Take Massachusetts Turnpike to Sturbridge, MA and I84 Southwest. Follow I84 through Hartford, CT. to exit for Farmington, CT/Route 4. Travel west on Route 4 to Cornwall Bridge, CT, bearing left onto Route 7. Follow Route 7 South to Kent. Once in Kent take a right turn at traffic light & monument. Go two blocks and cross over bridge over the Housatonic River. Make first left onto campus. ...Proceed...(see above)

From Hartford: Take Route 20 West to Granby. Follow to Route 219 & take a left on 219. Follow to Route 318 & turn right on 318. Follow to Route 44 & turn right. Follow route 44 to Route 8 & turn left. Exit Route 8 at Route 4 West (Exit 44). Stay on Route 4 to Route 7 South. Take left onto Route 7 South. Follow 7 South to Route 341 West & take a right. Go two blocks and cross over bridge over the Housatonic River. Make first left onto campus...Proceed...(see above)



Stay in touch this summer with



Online Photos, News, & Camper Email!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

RETURNING PARENTS: If you had an account at this camp last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site you will be prompted to update your contact information and re-activate your account.

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at **www.joelrosstennis.com**
2. Click the flashing "Camp Photos / Camper Email" button* (bottom of page)
3. Click the "Register Now" button
4. Enter your Pre-Approved Registration Code: **116540JR**
5. Fill out all the required information
6. Purchase Bunk Note credits (you will need a credit card)
7. View camper pictures and send an email to your camper!

*If you cannot find this button, go to www.joelrosstennisandsportscamp.bunk1.com and continue on to the next step

** For your camper's safety, please do not share the Pre-Approved Registration code above.

FREQUENTLY ASKED QUESTIONS

How do I view pictures?

Follow the instructions above except, after registering, simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures! **There is no cost to view pictures.**

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp





A+ PROTECTION PLANS

Youth Program Participants

Camp Study Sports Travel

Many parents have inquired about cancellation/interruption protection to cover Program Costs. We make available a competitively priced program that we believe meets the needs of families. We highly recommend you review this comprehensive protection plan created especially for the youth program participants and their families.

Complete details of the plan and enrollment forms are available online at www.travmark.com. Purchasing the plan is simple, after reviewing the plan provisions; you need only to do the following:

1. Complete the simplified enrollment form including the following information:
Organization Name: Joel Ross
Organization ID#: jros222
2. Purchase coverage with a credit card or download the mail in enrollment form and send it along with your check payable to Trip Mate. It's as simple as that!
3. An email confirmation will be sent automatically when premium has been received.

The Protection Plan provides coverage for:

- * **Program Cancellation** - (protects your non-refundable payments if you cancel program before it begins) for covered reasons such as injury, sickness, terrorist incidents, job termination, transfer of employment of 250 miles.
- * **Program Interruption** - (protects your non-refundable payments if you interrupt your program) for covered reasons such as injury, sickness, terrorist incidents, job termination & transfer of employment of 250 miles.
- * **Medical Expenses/Emergency Assistance** – medical bills for up to one year and for any special transportation required for medical reasons including expenses for parent to visit if hospitalized 3 days.
- * **Baggage** – for damaged, lost, or stolen personal articles.
- * **Medical Records On Line** – at your option, instant access to your medical records is available with the plan.

Please be advised that some important coverage enhancements are time-sensitive and require that your premium be received 90 days prior to the Scheduled Departure Date (unless your initial deposit for the Program is made within 90 days of the Scheduled Departure Date, in which case your premium must be received within 30 days of the date your initial deposit for the Program was paid)

Additional Information:

1. If your premium is received 90 days prior to the Scheduled Departure Date (or within 30 of the date your initial deposit, if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date), the plans Exclusion for Pre-Existing Medical Conditions will be waived (provided you are not disabled for travel at the time our premium is paid).
2. If the plan is purchased less than 90 days prior to the Scheduled Departure Date or more than 30 days after your initial trip deposit (if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date), the exclusion for Pre-Existing Medical Conditions will not be waived.
3. Once paid, the premium is non-refundable.

Or, what if you want to cancel for any reason!

With our new **Cancel For Any Reason Benefit Option**, you can cancel your Program up to 2 days prior to the Scheduled Departure Date for any reason not otherwise covered by the plan, provided: if your premium is received 90 days prior to the Scheduled Departure Date (or within 30 of the date your initial deposit, if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date); and you insure 100% of all prepaid Program Arrangements that are subject to cancellation penalties or restrictions. With this benefit, you will receive 75% of the non-refundable program cost.

Please visit www.travmark.com to download the plan certificate which includes all plan terms, conditions and exclusions.

The plan is offered and administered by Trip Mate. If you have any questions regarding this coverage, please call Trip Mate, the Plan Administrator, at (888) 420 5378 (8am-5pm CST) and refer to Plan ID#550. Prepared November 2009.

PLEASE RETURN THIS FORM TO YOUR DIRECTOR

We have **ACCEPTED** the protection plan as offered by TravMark. We have applied and made payment directly to the administrator. Our enrollment ID# number is: _____

We have **NOT ACCEPTED** the protection plan offered by TravMark; we have accepted protection offered through another provider.

We have **NOT ACCEPTED** the protection plan offered by TravMark or any other provider. We understand that all program payments are not refundable.

PARTICIPANT NAME: _____ PROGRAM & DATES: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____