

HOPEWELL TENNIS CAMP: PARENT GUIDE

Welcome to the 2023 Hopewell Tennis Summer Camp!

The ideal balance of tennis and summer fun with instructional programs created for levels ranging from complete beginner to more advanced levels. We are located at the Hopewell Tennis and Swim Center at 111 Titus Mill Rd, Pennington NJ 08534.

Participants will train to improve their game and maximize their potential while also learning about the positive values of our sport both on and off the court. Campers will experience how to play modern and creative tennis – an attractive, technically/tactically-skilled, forward-playing game.

Facilities: The camp will be held on 12 wonderful acres with multiple sports fields, 6 indoor tennis courts, 6 outdoor tennis courts, 2 indoor fitness rooms, a cool-down lounge, and an incredible Olympic sized outdoor pool.

Staff: The camper to instructor ratio is the best in the area at 6:1 or better. Our senior tennis coaches from the tennis center will be the lead summer instructors, assisted by other experienced coaches and college level players. All senior staff is trained on basic principles of emergency first aid, sanitizing practices, and proper use of PPE. Safety is always our top priority and we will continue to follow all CDC and local guidelines as they become available.

FLEXIBLE CALENDAR: Not sure which weeks you need? Last minute change in your summer schedule? You can swap weeks and your child can join a different week of summer camp. Requests must be submitted no later than 6:00pm on the previous Friday ahead of the week you want to reschedule.

FLEXIBLE DAILY SCHEDULE: The regular camp schedule offers an ideal split of 75% tennis training and 25% traditional summer camp activities: supervised pool time and off-court games. Campers can adjust their schedule to maximize training time and avoid burnout.

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CALENDAR

Week 1:	June 19 – June 23	Week 7:	July 31 – Aug 4
Week 2:	June 26 – June 30	Week 8:	Aug 7 – Aug 11
Week 3:	July 3 – July 7	Week 9:	Aug 14 – Aug 18
Week 4:	July 10 – July 14	Week 10:	Aug 21 – Aug 25
Week 5:	July 17 – July 21	Week 11:	Aug 28 – Sep 1
Week 6:	July 24 – July 28		

DAILY SCHEDULE

Full Day:	8am – 4pm
Morning:	8am – 12pm
Afternoon:	12pm – 4pm
Aftercare:	4pm – 6pm

DROP-OFF & PICK-UP

All arrival and dismissal times are listed in the daily schedule, please do not arrive before your designated time slot since there will be no staff members available to greet you. **DO NOT LEAVE YOUR CHILD UNATTENDED**, please sign in with a staff member before leaving.

AFTERCARE

After care is available upon request (contact the camp director) on a daily or weekly basis. Campers who are not picked up on time will automatically join the aftercare program at a cost of \$20 per day.

LUNCH, SNACKS, WATER

Lunch is available for all campers at a cost of \$7 per day. You can download the weekly menus and order lunch on the camp website. For same day orders, please call the front desk at 609-737-3600.

Snacks and drinks are also available for purchase at the camp site.

All campers must bring a large water container of at least 32oz which they can refill throughout the day.

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WHAT TO BRING

- Refillable water container of at least 32 ounces
- Comfortable clothing, comfortable sneakers, a hat for sun protection
- Extra sunscreen (spray is best) to be used again throughout the day
- Bathing suit, beach towel, and flip flops
- A full change of clothes is always a good idea, especially for the youngest of our campers
- A great attitude and ready to have an amazing summer!

MAKE UPS, CREDITS, and REFUNDS

The refund deadline for all camp registrations is May 1st, 2023. After the refund deadline you will still have the option to rearrange your schedule and choose different weeks in case your summer plans change. A credit will be offered only if a camp day is completely cancelled or a doctor's note is provided for a camper's absence. The camp will run rain or shine.

MEDICAL WAIVER

All campers must have a completed medical waiver submitted before arriving at the camp site. The medical waiver can be downloaded from the camp website. Please provide a digital scan or a hard copy to our camp director (no cellphone pictures).

CAMP DIRECTOR: Mike Miller

Mike will be able to help with all on-site questions and concerns, he can be reached at mike@hopewelltennis.com. Please remember to include the name of the camper with your message. All announcements will be made over email so please check your inbox regularly.

For all other questions please call the front desk at [609-737-3600](tel:609-737-3600).

NOTES

Please do not hold the car line at drop off and pick up. In order to keep the car line moving, sunscreen should always be applied before arriving, never during drop off. Campers should leave all electronics, including cell phones, at home. We are not responsible for lost, damaged or misplaced personal items or electronics. In case children need to call home, they will be able to ask one of the members of the staff.

Hopewell Tennis Camp Medical Form

This form must be completed by a Medical Practitioner in order to participate in our camp.

Camper Name: _____ Last Exam Date: _____

Yes/No – May participate in all activities

Yes/No – May participate in all activities except for: _____

Medical Information for routine care and emergencies (circle answer)

1. Is the camper taking prescription medication*? Yes No

If Yes, indicate prescription(s) _____

*please request and complete our Medication Administration Consent Form if medication is to be administered during camp hours

2. Does the camper have any known allergies? Yes No

If Yes, explain _____

3. Is the camper on a special diet? Yes No

If Yes, explain _____

4. Is there anything else we should know regarding the camper's physical, emotional, or mental health?

5. This camper is up to date on the following immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Immunization	Yes	No
Measels		
Mumps		
Rubella		
Chickenpox		
Tetanus		

Immunization	Yes	No
Hepatitis B		
Diphtheria		
Pertussis		
Polio		

Medical Care Provider Information

Name (printed): _____ Phone: _____

Medical Care Provider Signature: _____ Date Signed _____