



Dear Camp Families,

Welcome to Camp TSR 2021! We are very excited for you to join us this summer. If you are new to Camp TSR, thank you for joining us. If you are returning to Camp TSR, thank you for coming back for another summer.

This packet includes important information regarding what campers should expect, what they need to bring to camp, general safety rules and regulations, medical forms, and more.

Camp TSR Packet Includes:

- **Important Parent Information:** You and your camper need to know.
- **General Health Record Form:** Must be completed by your child's physician and returned to us no later than your first day of camp. Your child's physician form is also acceptable. **NYS Department of Health mandates that no camper may be admitted without a medical form/ immunization record on file.**
- **Authorization for Administration of Medication:** Must be completed to dispense camper medication.

Camp balances **must be paid in full** prior to your child attending camp. Please call us at (845)-226-8485, or email us at info@taconiacracquet.com if you have any questions or concerns. More information can be found on our website at <http://camp.taconiacracquet.com/>.

We are looking forward to this summer!

Sincerely,

Jaye Davis
Director, Camp TSR



IMPORTANT PARENT INFORMATION

For more information and FAQs visit www.camp.taconicracquet.com/

Drop Off & Pickup – Our Camp Schedule is 9:00am-4:00pm. ½ Days of Camp are 9:00am-12:00pm.

Campers should be dropped off and picked up at the Camp Club House. No pickups or drop-offs occur in the main building/front door. **All Campers must be signed in and out by a parent and/or guardian who is responsible for dropping off and picking up the child.** If someone else other than the parent or Guardian is picking up your child, then please send in a written note as to who will be picking up your child on a certain day. This individual will need to show ID.

Before & After Care – Campers for before and after care will be dropped off and picked up at the Camp Clubhouse. Before care starts at 7:00am. After care ends at 6:00pm. Any camper dropped off before 8:45am will be charged for before care. Any camper to be picked up later than 4:15 will be charged for after care. Arrangements for before and after care need to be made in advance to ensure proper staffing. To add before or after care to your camp registration, please email info@taconicracquet.com.

Late Arrival – If a camper needs to arrive later than 9:00am, we ask that parent/guardian notify staff beforehand. The camper will join their group upon arrival.

Parent Communication – Parents can reach camp personnel via phone at 845-226-8485 and via email at info@taconicracquet.com. The Camp Director's email is Jaye@taconicracquet.com.

Rainy Days & Hot Days – Camp will meet each day as scheduled, rain or shine. In the event of severe weather or extreme conditions, camp will be held in our indoor facility. Camp schedule and activities will be altered. Decisions to hold activities indoors or outdoors will be made by TSR Management and the Camp Director. Tennis activities may be held on the indoor or outdoor courts at the sole discretion of Camp TSR.

What Your Child Should Bring to Camp – Comfortable, well-worn clothing, a hat and athletic shoes should be the norm (please no sandals or “party shoes”). Each child should bring a tennis racquet (we have if needed), backpack with a bag lunch, snack(s), bathing suit, towel, flip-flops or slides for the pool, water bottle and sunscreen. Send extra clothes/rain gear on rainy days and a sweatshirt on chilly mornings. Please do not send your favorite items to camp as campers will be changing and running around all day and items may be misplaced. Camp TSR is not responsible for lost items. Campers are grouped based on ball color (i.e. Red, Orange, Green, and Yellow).

Lost and Found – Please make every effort to label your child's belongings. Camp TSR is not responsible for lost items. Please remind your camper it is his/her responsibility to keep track of their belongings. Counselors will remind campers to collect all belongings before leaving an activity and assist if necessary. Lost items can be found in our lost & found bins both inside the Club House.

Lunches/Snacks – Children must bring their own bag lunch and snacks to camp each day. Please provide enough for your child to have a snack during the morning and afternoon. Refrigeration is available at camp, but we recommend packing an ice pack with lunch. **We strongly suggest that campers bring a water bottle every day!** There are drinks and snacks available at the Snack Shack for a fee. We do not allow campers to make cash payments. Campers should not come to camp with cash. Parents/ guardians are able to purchase snack plans in advance.

Health & Safety – Campers health and safety is our top priority. Camp TSR is a Dutchess County Permitted Summer Camp, meeting rigorous requirements for safety. All pool staff are certified lifeguards. Most staff members and counselors are First Aid & CPR certified. Some staff members are Basic Life Support certified. Trained staff members will handle minor injuries. If an injury requires further medical attention, parent/ guardian will be called to pick up the camper. If an emergency occurs, we will call 911 and your child may be sent to the hospital with paramedics. Parents/ guardians will be notified of injuries. Injury reports will be filled out and kept on file. If your child is sick, please do not send them to camp. If your child becomes sick at camp, we will call parent/ guardian for pick up.

Medical Forms – NYS Department of Health mandates that all campers must have health form on file prior to the first day of camp. **Campers will not be allowed to attend camp without the required form** (attached). Campers taking any medications must have a completed Authorization for the Administration of Medications form (attached).

Sun Safety – **We recommend that campers wear sunscreen every day to camp.** Hats are highly recommended. Campers should apply sunscreen prior to camp each morning. Campers will need sunscreen reapplied during the day, please show them how to do so. Counselors will remind campers to re-apply multiple times throughout the day.

Allergies/Side Effects – If your child has **any** allergies that could prevent them from participating in an activity or eating certain foods, be sure to indicate all of them on the appropriate form prior to the start of camp. If a camper has a reaction, we will follow the directions given to us by the parent/guardian and take appropriate action. We are not a peanut free camp.

Swimming – All campers must adhere to our swim test on MONDAY. **If a camper does not attend the Monday swim test, they will only be allowed to swim in the shallow end of the pool for the remainder of the week.** All campers must abide by the pool rules. We have a certified lifeguard on duty at all times. Some counselors and CIT's will be in the pool area to give additional supervision.

What Not to Bring – It is highly recommended that campers do not bring anything of monetary or sentimental value. Including but not limited to, i-devices, cell phones, tablets, card games, cash, electronic gaming devices, headphones, and other toys. **We are not responsible for lost or stolen items.**

Electronics / Cell Phone Policy – We provide an “unplugged” summer camp for both campers and counselors. **Campers are not permitted to use electronic devices for personal use during camp hours.** Including but not limited to, i-devices, cell phones, gaming devices, tablets, etc. We kindly ask that these items be left at home or stored away for the day.

Changes/ Cancellations / Refunds – All registrations require a non-refundable \$75 deposit. Balances are due June 1st. Any camp registrations submitted after June 1st must be paid in full. Refunds will only be offered for a relocation or medical reason with doctor note.

Camp Tax ID #: - 47-2520046

CAMPERS RIGHTS & RESPONSIBILITIES – For the safety and wellbeing of all staff and campers, we ask for the cooperation from parents/guardians to encourage positive and healthy behaviors.

Camper's Rights – As a camp participant you have the right to:

- have a safe, clean, and comfortable environment
- be free from fear of physical harm
- be included in all activities
- be free from teasing, put downs, and negative comments
- seek help from peers and staff without being ridiculed
- be treated with dignity and respect by all

Camper's Responsibilities – As a camp participant you are expected to:

- abide by safety rules and regulations
- use appropriate, acceptable language
- keep belongings in a tidy manner
- clean up toys when done using them
- clean up after eating lunch & throw away trash when applicable
- be kind, considerate, accepting, welcoming, and helpful towards others
- speak up if you witness offensive behaviors or language
- respect the property and equipment
- include and encourage others to join in on activities
- avoid verbally or physically antagonizing others
- be a good sport when you win or lose
- be open to help from others
- be respectful to others

Staff will contact parents/guardians of a camper behaving inappropriately during camp. Bullying and teasing is not tolerated. If behavior is extreme, parents may be asked to remove their child from camp without a refund.

CAMP TSR GENERAL HEALTH RECORD

TO BE FILLED OUT BY PHYSICIAN (exam within past 12 months)

190 Old Sylvan Lake Rd, Hopewell Junction, NY 12533

Telephone: (845)-226-8485

FAX: _____

1. Name _____ Birthdate _____
 (Last) (First)

2. Date of Exam _____

3. Height _____ Weight _____

4. Identify any medical or emotional illness or disorder or disorder which would affect the child's functional ability to participate safely:

5. Is this child taking prescription medication on a daily basis for a chronic illness/condition? YES NO
 5a. If yes, indicate prescription: _____

(See Medical Administration Form)

6. Is this child allergic to: Medication Bees Food Other
 a. Does the child have: Asthma Diabetes Seizures
 b. If yes, please explain & note if a medication is needed:

(See Medical Administration Form)

7. Is the child on a special diet? YES NO 7a. Explain: _____

8. Is this child current or in progress with immunizations? YES NO

IMMUNIZATION RECORD: (Month, Day, Year for each dose)

	1st dose	2nd dose	3rd dose	Booster	Booster		
DTP/DtaP/DT						MMR 1st Dose	
OPV/IPV						MEASLES 2nd Dose	
Hib (HAEMOPHILUS INFLUENZA TYPE B)						VARICELLA (chicken pox) (recommended)	
HEPATITIS B						Pneumococcal	

The above named person is in satisfactory condition and may engage in all camp activities except as noted:

9. Signature of M.D.: _____ Date Form Signed: _____

CAMP TSR

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

190 Old Sylan Lake Rd, Hopewell Junction, NY 12533
Telephone: (845)-226-8485 FAX: _____

The Dutchess County Health Department requires a physician's written order and parent or guardian's authorization for a Health Director, Health Director's Assistant, or the Camp Director to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of child, name of the drug, strength, dosage, frequency, physician's name, and date of the original prescription.

PHYSICIAN'S ORDER:

Date: ___/___/___

Name of Child: _____ Date of Birth: ___/___/___
Street Address: _____ City/Town: _____ State: _____

Condition for which drug is being administered during camp hours: _____

DRUG: Name of drug, Dose & Method of Administration: _____

When should medication be administered: Date: ___/___/___ - ___/___/___ Time: _____ PRN []

Relevant side effects to be observed, if any: _____

If there are side effects, plan for management: _____

Is this a controlled drug? _____

Allergies to food or drugs? [] YES [] NO If yes, list: _____

Physician's / Dentist's Name: _____ Phone #: _____

Street Address: _____ City/Town: _____ State: _____

Physician's Signature: _____

Authorization by Parent/ Guardian for the administration of the above medication:

Date: ___/___/___

To health director, health director's assistant:

I hereby request that the above named medication, ordered by the physician/dentist for my child, be administered by the health director or health director's assistant.

I understand that I must supply Camp TSR with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist.

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: _____ Phone: _____

