

WELCOME TO THE ELITE POLO CAMPS

Canterbury School

New Milford, CT

June 26th – 29th

- We are looking forward to seeing you at camp this summer! Please read the enclosed information carefully. If you have any questions, please call us at 1-800-944-7112. This entire packet is downloadable at ElitePolo.com under “download forms”.
- **Check-In-** All campers will check in on the first day of camp from 12:00-1:00pm; day& extended day campers should arrive at 1pm. The dorm will be announced closer to the start date of camp.
- **Camp Departure-** 12:00 pm on the last day of camp. Parents are invited to watch match play-offs & graduation that morning beginning at 9:30 am at The Higgins '53 Aquatic Center.
- **Day Campers** – After Wednesday, you will arrive at the pool Thursday-Saturday at 9:00 am dressed to play. Pick-up will be at 4:30 pm at the pool. Lunch is included. During breaks your central location will be the dorm lounge, so bring a deck of cards, game or book to stay engaged when not in an organized activity.
- **Summer Camp Health Records** – IMPORTANT – All forms must be completed and signed by a physician. These forms must be brought to the camp at registration, not to be mailed in. Campers will not be admitted to camp without these forms. If you have medical questions please arrive early to speak our trainers. If you have the most recent copy of your child’s immunization/physical form signed by a doctor you may staple this to OUR form. Please fill out the camper information & sign the waiver on OUR form to ensure the trainer has all the camp specific information we need
- **Medication-** If you plan to bring any inhaler, Epi-Pen or any over-the-counter medication to camp it must be accompanied by the Administration of Medication Form & the self administer portion signed. This form must be signed by the prescribing physician and parent.
<http://www.elitepolo.com/documents/AdministrationofMedicationFormandInfo.pdf>
- **Camp Phone-** You can leave a message for your camper by calling the camp office at 800-944-7112.
- Final Payments are due in our office by May 15th. If you have a balance and would like us to charge it to your credit card, please call us at 1-800-944-7112. Checks can be sent to 1700 Post Rd. Suite D-5, Fairfield CT 06824
- **Reminder of Cancellation Policy-** You may register for any camp with openings up to the start of camp. Payment by Credit Card or eCheck is required for all online phone mail or fax registrations. Any camper who must cancel in to 6

days prior, to camp will receive a camp credit equal to the amount of camp tuition already paid. The credit is transferable to another family member and is good for any Elite Polo Camps through next summer (agreement begins at time of purchase). Any cancelation within 5 days of the start of camp will result in a camp credit minus \$300 cancelation fee. Camp credits are not extended to campers who leave camp after the start of a session. CASH/CREDIT CARD REFUNDS ARE NOT OFFERED UNDER ANY CIRCUMSTANCE.

- **Spending Money** – It is not recommended that excessive amounts of cash be brought to the camp, \$50 will cover the occasional pizza order, off-campus activity managed by our staff or campus store item. Please remind your camper to keep any spending money in a secure place.
- 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.

AfterSchool.com Discount Elite Polo Camp families receive a 20% discount at AfterSchool.com – a website that carries everything kids need for polo camp including bathing suits, goggles, towels, trunks, toiletries & more. To access the discount [click here \(http://bit.ly/10MleCz\)](http://bit.ly/10MleCz) and enter code ECAMPS at checkout to receive up to \$20 off your first purchase. You'll also receive free 2-day shipping on any order over \$35! Offer is valid until 8/31

What to Bring

Health Form	Swim Cap
Leisure Activity clothes	Goggles
All Linens/ Sleeping Bag	Towel(s)
Pillow	Alarm Clock
Bathing Suit	Flip Flops
Toiletries	Spending Money
Comfortable Socks	Running shoes
Pen & Notebook	

Directions:

Canterbury School
101 Aspetuck Avenue
New Milford, CT 06776

Campus Map: <http://www.cbury.org/podium/default.aspx?t=152810&rc=0>

Driving Directions:From the South:

Follow the Garden State Parkway or I-287 north to the Governor Malcolm Wilson Tappan Zee Bridge. One mile to I-287 East to I-684 North. Proceed until Exit 9E to I-84 East. Take Exit 7 (left exit) an expressway which merges into Route 7 North\Route 202 East to New Milford. Proceed approximately 5 miles. Bear right at the intersection and follow Route 67 East\Route 202 East across the bridge. Go through three traffic lights. Immediately after the third light, turn left onto Main Street. Proceed to the end of the Village Green. Turn left at the stop sign and make an immediate right onto Aspetuck Avenue. Proceed to the crest of the hill. Follow the signs to the Admissions Office located in Steele Hall.

From the North:

Follow I-84 West to Exit 15 and turn right onto Route 67. You must make a left at about 1-1/2 miles to continue on Route 67 for about 17 miles. This will bring you into New Milford. At the intersection of Routes 67 and 202, bear left for approximately 2/10 of a mile to the Village Green. Turn right at the Green and proceed north to the end. Turn left at the stop sign and make an immediate right onto Aspetuck Avenue. Proceed to the crest of the hill. Follow the signs to the Admissions Office located in Steele Hall.

For additional directions (in .pdf format) from Bridgeport, Greenwich, Hartford, New Haven, Boston, Albany–Upstate NY, New York City, NYC-LaGuardia, NYC–Kennedy, Long Island, and Washington, DC, please click [here](#)

Elite Polo Camps 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) _____

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 Elite Polo Camps, 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 _____

NOTEAll 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 "prescribers authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY.