

**WELCOME TO THE  
ELITE POLO CAMPS**

***Jesuit High School***

*Carmichael, CA*

**August 5<sup>th</sup> – 9<sup>th</sup>**

- 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”.
- **Day Campers** – Grades 2-4 will start at 8:30 am and end at 11:30 am. Grades 5 and 6 will begin at 12pm and go until 3pm. Grades 7-9 will go from 3:30pm until 6:30pm.
- **Summer Camp Health Records** – IMPORTANT –These forms must be brought to the camp at registration, not to be mailed in advance. 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.
- **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, up 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 Camp through next summer (agreement begins at time of purchase). Any cancellation within 5 days of the start of camp will result in a camp credit minus \$100 cancellation 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.
- 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  
Bathing Suit  
Pen & Notebook  
Swim Cap  
Goggles

Towel(s)  
Flip Flops  
Running shoes  
Shorts  
Sweatshirt  
Sunblock Lotion

**Directions:**

Jesuit High School  
1200 Jacob Lane  
Carmichael, CA 95608

Campus Map: <http://www.jesuithighschool.org/sites/main/files/file-attachments/campusmap.pdf>

**Driving Directions:**

From Highway 50 East or West: Take the Watt Avenue exit and go north. Go over the American River Bridge to Fair Oaks Boulevard. Turn right. Go a couple miles until you reach Jacob Lane. Turn right. School is on your left. Follow campus signs to Pool.

From I-80 Westbound: Take the Watt Avenue exit and go south until you read Fair Oaks Boulevard. Turn left. Go a couple miles until you reach Jacob Lane. Turn right. School is on your left. Follow campus signs to Pool.

From I-80 Eastbound: Go east on I-80 until it becomes Highway 50 (to Tahoe). Watt Avenue is a few miles east of the 50 junction. Take the Watt Avenue exit and go north. Go over the American River Bridge to Fair Oaks Boulevard. Turn right. Go a couple miles until you reach Jacob Lane. Turn right. School is on your left. Follow campus signs to Pool.

# 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 \_\_\_\_\_

\*\*\*NOTE\*\*\*All 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.