

PRINCETON[®]

SPORTS CAMPS

Boy's Basketball Day Camp

	Check-In	Check-Out
Date:	July 19, 2010	
Time:	8:00-8:30am	Daily @ 5:30pm/ JULY 23rd @ 12:00pm
Location:	Jadwin Gym	Jadwin Gym
Note:	Signed Parental Release/Health Forms must be brought to registration. Mailed or Faxed copies will not be accepted.	

Check-In

Campers should arrive daily at 8:00am to Jadwin Gym. Parking is available in Lot #21. Campers should bring a lunch and any drinks that they may want. Water will be provided. Daily departure time will be 4:00pm.

Emergency Numbers

Conference Services: 609-258-3369 - Business Hours (8:30am - 5:30pm, Monday - Friday)

Public Safety: 609-258-3134 - Off-Hours

Cancellation Policy

All requests for refunds must be made online at

www.princetonportscamps.com/Refund_Policy/Refund_Request.htm. All monies paid with the exception of a \$100.00 administrative fee, per session enrolled, will be refunded provided the cancellation is received 3 days prior to the start of camp. No refunds will be provided less than 3 days prior to camp, for expulsion from camp, for voluntary withdraw, or for injuries sustained prior to camp or at camp. We are also unable to issue a credit for any future camps.

Medical Care

It is absolutely essential that you be in good physical condition prior to camp. We will have a certified trainer on the staff to deal with normal day-to-day injuries; however, they cannot be expected to handle pre-existing conditions.

We look forward to seeing you at camp.

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PARENTAL RELEASE FORM

This form must be completed in FULL, including signature of Parent or Guardian, and brought to check-in. Faxed or mailed copies will not be accepted. Campers will not be allowed to participate without both the Parental Release and Health Form completed in full.

Camper's Name: _____

Emergency Contact Name and Number: _____

I, _____, give permission for _____ to
(Parent or Guardian) (name of camper)

attend and participate in the Princeton University _____.
(name of camp) (dates of camp)

I authorize the staff of the camp to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to make any claims or demands against camp staff or Princeton University for any injury sustained.
5. agree to allow the Camp Director to use his/her judgment in obtaining necessary medical care, at the expense of the parent.
6. agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.
7. grant the camp staff permission to videotape, photograph or otherwise record my child/ward and to use such recordings and biographical data in any media on a perpetual basis.

I can be reached by phone during the day at: _____ and in the evening at:

_____.

An alternative/emergency contact person is: _____ and can be reached by phone at:

(DAY) _____, (EVE.) _____.

Insurance Carrier: _____

Policy Number: _____

Policy Holder's Name: _____

In consideration for my son's/daughter's permission to participate in the camp, I release the Trustees of Princeton University, its trustees, officers, agents, employees and students from any and all claims which my son/daughter may have as a result of personal injury or property loss arising out of or connected in any way with their participation in camp.

(Signature of Parent)

(Date)

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HEALTH FORM

This form must be completed in FULL, including signature of a physician, and brought to check-in. Faxed or mailed copies will not be accepted. A copy of a camper's school physical, including immunization history and a doctor's signature, may be substituted in lieu of this form if the physical was performed within 12 months prior to the camp start date. Campers will not be allowed to participate without both Parental Release and Health form completed in full.

Camp Name: _____ Date of camp: _____

Camper's Name: _____ Sex: _____ Age: _____
(Last Name) (First Name)

Height: _____ Weight: _____

Medical History (please check for "yes")

German Measles Measles Mumps Scarlet Fever Chicken Pox
Diabetes Pneumonia Other: _____

Immunization History

Diphtheria _____
Tetanus Toxoid _____
Polio Vaccine _____
Tuberculin Test _____
Measles _____

Allergy History

Mo./Yr.

Hay Fever _____
Asthma _____
Eczema _____
Hives _____
Insect Stings _____

Drug Reactions

Yes No

Sulpha
Penicillin
Antibiotic
Type: _____

If medication will be taken during camp, indicate name of drug and dosage:

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations relating directly to the participant's ability to participate in the camp for six or more hours per day:

(Attach additional sheets if necessary)

I certify the above-named individual is able to participate fully in the above-named activity, based on physical examination within 12 months prior to said camp date.

(Signature of Physician)

(Date)

(Street Address)

(City)

(State)

(Zip)

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AUTHORIZATION TO ADMINISTER MEDICATION

This form is required if your child will be taking any medication while at camp.

All medication must be labeled and stored in the original prescription container. At the conclusion of camp any remaining medication will be returned to the parent or guardian. If the medication is not picked up at the conclusion of camp it will be destroyed within three working days after the camper's last day. No medication will be returned via mail regardless of circumstance.

Camper Name: _____

Camp Session: _____ Camp Dates: _____

Parent/Guardian Name: _____

Medication #1

Specific Diagnosis: _____

Name of Medication: _____ Dosage & Time: _____

Side Effects: _____

Prescriber: _____ Phone: _____

Medication #2

Specific Diagnosis: _____

Name of Medication: _____ Dosage & Time: _____

Side Effects: _____

Prescriber: _____ Phone: _____

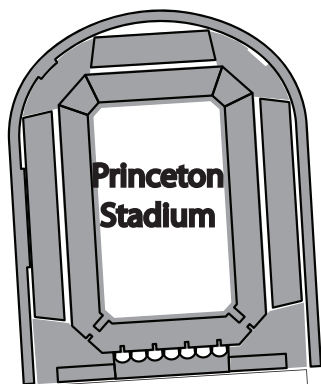
It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by Princeton University Sports Camps, the undersigned parent or guardian hereby agrees to defend, indemnify, and hold harmless the Trustees of Princeton University, its trustees, officers, agents, employees and students from any and all claims which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the camper.

Parent/Guardian Signature: _____ Date: _____



To Route 206/Nassau Street

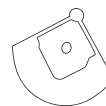
Western Way



Princeton Stadium



Clarke Field



FitzRandolph Road



Weaver Track

Washington Road

LOT 21
SUMMER CAMP
PARKING



Jadwin Gym



DeNunzio Pool

Faculty Road

Faculty Road



To Route 1

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71 University Place Princeton, NJ 08544
www.PrincetonSportsCamps.com

PARKING

Parking for check-in and check-out is available in Lot 21. There is also limited parking available on Western Way.