

# PRINCETON

## SPORTS CAMPS

### *Girls Soccer – Day Camp*

	Check-In	Check-Out
<b>Date:</b>	June 28, 2010	July 2, 2010
<b>Time:</b>	8:30am – 9:00am	12:00pm (half day) /3:30pm (full day)
<b>Location:</b>	Undergrad Upper Parking	Undergrad Upper Parking
<b>Note:</b>	<b>Signed Parental Release/Health Forms must be brought to registration. Mailed or Faxed copies will not be accepted.</b>	

#### **Check-In**

Campers should arrive daily at 8:45am to Undergrad Upper Parking. Campers should arrive ready to play with cleats and shin-guards. Please do **NOT** wear your cleats inside any Princeton Facility – carry them with you. Campers should also bring a swim suit and towel with them each day since pool time will be made available for all day campers. Lunch will not be provided – all campers should bring their own lunch and any drinks they may want. Water will be provided. Daily departure time will be 12:00pm for Half Day Campers and 3:30pm for Full Day Campers.

#### **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](http://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.

# PRINCETON

## SPORTS CAMPS

### 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)

# PRINCETON

## SPORTS CAMPS

### 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

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)

# PRINCETON.

## SPORTS CAMPS

### 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: \_\_\_\_\_

# PRINCETON SPORTS CAMPS

## PARKING

Parking, daily drop-off and pick-up will be held in Undergrad Upper Parking. There is no parking adjacent to '52 Stadium due to construction.

Individuals parking in an area besides Upper Undergrad Parking are subject to ticketing and/or towing at the owner's expense. Parking is not permitted along roadways. All vehicles must be parked within a lined space.

For the safety of our campers, no person is allowed to drive up campus to drop-off or pick-up campers or their belongings.

