

# PRINCETON

## SPORTS CAMPS

### *Girls' Lacrosse – Twilight Sticks*

	Check-In	Check-Out
<b>Date:</b>	July 12, 2010	July 15, 2010
<b>Time:</b>	5:30pm	Daily at 8:30pm
<b>Location:</b>	Princeton Stadium	Princeton Stadium
<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 5:45pm to the Princeton Stadium. Daily departure time will be 8:30pm. Parking will be available in Lot #21 near the stadium.

Campers should bring any drinks that they may want. Water will be provided. All camp activities will be held on field turf. All campers will be responsible for bringing their own stick, turf shoes or cleats, mouth guard and approved eye goggles. **Mouth guards and approved eye goggles are mandatory!**

#### Medical Care

It is absolutely essential that you be in good physical condition prior to camp. Please do not wear new shoes to camp, as blisters will severely limit your participation. We will have a certified trainer on the staff to deal with the normal day-to-day injuries; however, they cannot be expected to handle pre-existing conditions. Please remember that you must wear a mouth guard and approved eye goggles to all sessions. Goalkeepers must wear helmets and full goal keeping equipment.

#### Emergency Numbers

Conference Services: 609-258-3369 - Business Hours (8:30am - 4:30pm, 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.

We look forward to seeing you at camp.

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## 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)

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

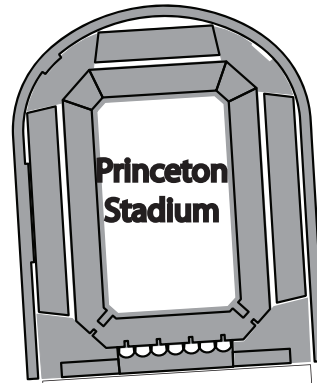
It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by Princeton University Sports Camps, the undersigned parent or 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: \_\_\_\_\_



To Route 206/Nassau Street

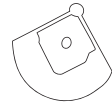
Western Way



Princeton Stadium



Clarke Field

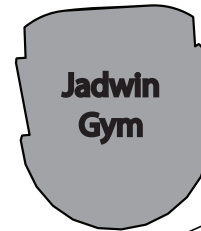


FitzRandolph Road



Weaver Track

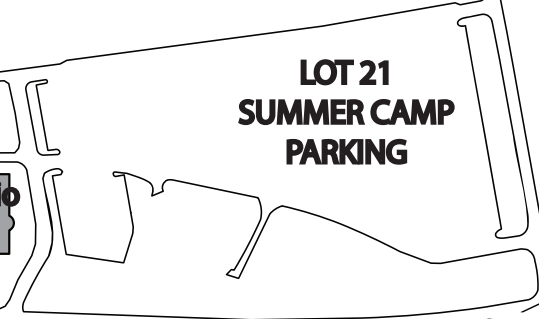
Washington Road



Jadwin Gym



DeNunzio Pool



LOT 21  
SUMMER CAMP  
PARKING

Faculty Road

Faculty Road



To Route 1

# PRINCETON<sup>®</sup>

## SPORTS CAMPS

71 University Place Princeton, NJ 08544  
[www.PrincetonSportsCamps.com](http://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.