

PRINCETON[®]

SPORTS CAMPS

2010 Men's Ice Hockey Team Camp

Team Name: _____

Please indicate the appropriate response.

Team Level: *Junior Varsity* *Varsity* *Junior Program*

Registration Fee: *Overnight \$595.00/player*
Payment must be received in full at time of registration.

Overnight Teams: (# of Players) _____ x \$595.00 = \$ _____

Coaches Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day/Cell Phone: _____

Evening Phone: _____

E-Mail Address: _____

Please mail completed form with payment and roster to:

Princeton University Sports Camps
Attn: Men's Ice Hockey Team Camp
71 University Place
Princeton, NJ 08544

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To: High School/Junior Men's Ice Hockey Coaches
From: Princeton Men's Ice Hockey Staff
Re: 2010 Princeton University Men's Ice Hockey Team Camp

Thank you for your interest in the 2010 Princeton University Men's Ice Hockey Team Camp. Enclosed in this packet you will find all of the forms and information necessary to register for the camp.

Below is a brief description of the items included, as well as special instructions regarding the submission of rosters. Should you have any questions regarding the information contained in this packet, please feel free to contact me.

Contents/Descriptions:

Camp Registration Form

- The head coach or coach attending with the team should be the person whose information is listed on the registration form.
- It is ok to submit multiple checks with the registration form; however one check is preferred.

Camp Parental Release/Health Form

- This document must be completed by each player and their parent/guardian and signed by a doctor. The form must be brought to the camp check-in, faxed or mailed copies are not accepted.

Team Roster

- Please attach a team roster to the registration form including the following information:
 - Jersey number, Name, Address, Phone, E-Mail Address, Position, Grade, School
- This information is important as it will be used for housing.



Princeton University Sports Camps
71 University Place
Princeton, NJ 08544

PHONE (609) 258-3369
FAX (609) 258-4656
E-MAIL camps@princeton.edu
WEB SITE www.PrincetonSportsCamps.com

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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 Forms 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.

(PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT CAMP. THE DUTIES OF CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE.)

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.

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: _____

(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 forms 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

Allergy History

Drug Reactions

	Mo./Yr.		Yes	No		Yes	No
Small Pox Vaccine	_____	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Sulpha	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Toxoid	_____	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
Polio Vaccine	_____	Hives	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____		
Tuberculin Test	_____	Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Measles	_____				_____		

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: _____