

GIRLS ICE HOCKEY – Sunday Night Skills 2

Camper Information Packet

Session	Date	Time
Session 1	Sunday, February 10, 2019	8:00pm – 9:00pm
Session 2	Sunday, February 17, 2019	8:00pm – 9:00pm
Session 3	Sunday, February 24, 2019	8:00pm – 9:00pm
Location	Baker Rink	
Notes	<i>Campers should arrive at least 15 minutes prior to the clinic start time. All campers must sign-in and sign-out daily with a member of the camp staff.</i>	

DIRECTIONS TO CAMPUS

There are no physical addresses for any of Princeton's Athletic Facilities. If you are unfamiliar with campus, we recommend you visit <http://g.co/maps/qta3f> to get directions to the check-in/check-out location.

PARKING (see attached map)

Parking will be available in Lot #20 which is the closest available parking to registration.

SEVERE WEATHER

In the event we have to cancel a clinic session due to severe weather, we will attempt to contact you using the information provided on your registration form. We will also post cancellation notices on our website.

CAMP CONTACT PHONE NUMBER

Camp Office (9:00am – 5:00pm, Monday-Friday) 609.258.3369

REQUIRED EQUIPMENT

All campers must provide their own equipment. Please make sure you have these items prior to your arrival as we do not have equipment to rent or borrow.

Helmet, Skates, Shin Pads, Protective Jill, Hockey Pants, Hockey Socks, Elbow Pads, Shoulder Pads, Hockey Gloves, Hockey Stick

Goalies must have a full set of equipment that includes: Helmet, Throat Protector, Chest Protector, Glove, Blocker, Goalie Stick, Protective Jill, Goalie Pants, Leg Pads, Hockey Socks, and Skates

MEDICAL CARE

It is absolutely essential that you be in good physical condition prior to the clinic. We will have a Health Director on staff to handle injuries that occur during the clinic; however they cannot treat pre-existing conditions.

REQUIRED FORMS

Each participant is required to submit 2 forms at check-in in order to participate during the clinic. Below is a listing of the forms, including a brief description. Without these forms completed in their entirety, individuals will not be permitted to participate during the clinic.

Parental Release Form

The Parental Release Form must be completed and signed by the participant's parent/guardian and includes areas to list an emergency contact.

Health Form

The Health Form must be completed and signed by the participant's parent/guardian and covers the participant's medical history, insurance policy, allergies, medications and any limitations.

IMMUNIZATION REQUIREMENTS

New Jersey Youth Camp Standards (N.J.A.C. 8:25) require participants to be immunized with the vaccinations required for child-care center, preschool or school attendance as appropriate for the participant's age, according to the immunization schedule found in N.J.A.C. 8:57-4. An immunization schedule can be found at <https://nj.gov/health/cd/documents/k12-parents.pdf>.

If your participant has not received immunizations because of religious beliefs, please attach a signed letter to the Health Form stating your families beliefs.

MEDICATIONS DURING THE CLINIC

In accordance with N.J.A.C. 8:25-5.3(h), Princeton University will not administer medications of any type (prescription or over-the-counter) to participants of any age. Princeton University will not be held responsible for housing/storing medication(s). Parent(s)/Legal Guardian(s) and participants will be held responsible for administering and housing/storing medication(s) in a discrete place during the clinic.

We strongly recommend Parent(s)/Legal Guardian(s) of participants that have been prescribed medication(s) that are self-administered to treat potentially life-threatening conditions (ie. inhalers, EpiPen) meet with the Health Director during check-in to discuss their use.

CODE OF CONDUCT

The Code of Conduct was signed during online registration. It outlines general expectations of the participant while attending a program at Princeton University as well as fees associated with lost items.



PRINCETON SPORTS CAMPS

PARENTAL RELEASE FORM

I, _____, am the legal parent/guardian of _____,
(Parent/Guardian Name) (Camper Name)

and give permission for the camper to attend and participate in the Princeton University _____
(Camp Name)

which will be held on ____/____/____ to ____/____/____.

On behalf of the camper, the camper’s parents and/or legal guardian, I hereby:

1. agree to assume all risk of personal injury and property loss arising from participation in any camp athletic and recreational activities;
2. agree to hold harmless the camp staff, The Trustees of Princeton University, its trustees, officers employees, agents, representatives responsible for any injury or property loss sustained during participation in any camp athletic and recreational activities;
3. grant permission to the camp staff or medical personnel to render, or engage medical personnel to render, preventative, first aid and/or emergency treatment that they deem necessary to the camper’s health and well-being. I understand that reasonable effort will be made to contact me, or the emergency contacts listed below, prior to such action and any expenses incurred are at my expense;
4. agree to accept any decisions made by the camp staff in the termination of camp attendance;
5. grant The Trustees of Princeton University, its trustees, officers, agents, representatives, employees and students permission to videotape, photograph or otherwise record the camper and to use such recordings and biographical data in any media, on a perpetual basis, for all purposes consistent with Princeton University’s mission.

In consideration for permission for the camper to participate in the camp, on behalf of the camper, the camper’s parents and/or legal guardian, I release The Trustees of Princeton University, its trustees, officers, agents, representatives, employees and students from any and all claims which the camper, the camper’s parents and/or legal guardian, may have as a result or personal injury or property loss arising out of, or connected in any way with, their participation in any camp athletic and recreational activities.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____

1st Emergency Contact Name: _____ Phone #: _____ - _____ - _____

2nd Emergency Contact Name: _____ Phone #: _____ - _____ - _____

BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for each camp you are attending.

If you are attending multiple camps, please make enough copies to hand one in at each camp check-in.



HEALTH FORM

NAME OF CAMP: _____

CAMP DATES: _____

CAMPER'S PERSONAL INFORMATION

Camper's Name: _____ Gender: M F

Date of Birth: _____ Age: _____

Permanent Address (street): _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact:

If the camper is under the age of 18, the primary contact must be the camper's legal parent/guardian.

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

IMPORTANT: All campers are required to provide up-to-date immunization records upon arrival at check-in. Please refer to page 2 of the Health Form to obtain more information about immunization requirements for Princeton University Sports Camps.

BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for each camp you are attending.

If you are attending multiple camps, please make enough copies to hand one in at each camp check-in.

Camper's Last Name: _____

INSURANCE INFORMATION:

Health Insurance Carrier: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

HEALTH HISTORY:

Does the camper currently have any allergies or history of concussions? List all that apply: _____

Please provide any information about current physical, mental or psychological conditions that may affect the camper's ability to fully participate in the program: _____

Has the camper been hospitalized within the past 5 years? No Yes
If yes, please describe: _____

Is the camper currently taking any medications (prescription and over-the counter): No Yes
If yes, please list the drug(s) and dosage: _____

In accordance with N.J.A.C. 8:25-5.3(h), Princeton University will not administer medications of any type (prescription or over-the-counter) to camp participants of any age. Princeton University will not be held responsible for housing/storing medication(s). Parent(s)/Legal Guardian(s) and camp participants will be held responsible for administering and housing/storing medication(s) in a discrete place during camp.

We strongly recommend Parent(s)/Legal Guardian(s) of camp participants that have been prescribed medication(s) that are self-administered to treat potentially life-threatening conditions (i.e. inhalers, EpiPen) meet with the Health Director during check-in to discuss their use.

IMMUNIZATION HISTORY:

All Princeton University Sports Camp participants are required to provide copies of immunization records from a physician's office or a valid medical and/or religious exemption from immunization. All campers must provide records that satisfy the immunization schedule set forth at Immunization of Pupils in School, N.J.A.C. 8:57-4 or provide an official letter from a physician indicating that immunization is in progress. Your camper WILL NOT be allowed to participate without the appropriate medical records.

New Jersey Youth Camp Standards require campers to be immunized with the vaccinations required for child-care center, preschool or school attendance as appropriate for the camper's age, according to the immunization schedule found in N.J.A.C. 8:57-4. An immunization schedule can be found at <http://nj.gov/health/cd/documents/k12-parents.pdf>. Campers who do not comply with this schedule will not be allowed to participate in camp.

I am the legal parent/guardian of the above named participant. I hereby certify that to the best of my knowledge, the information requested is complete and correct.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____

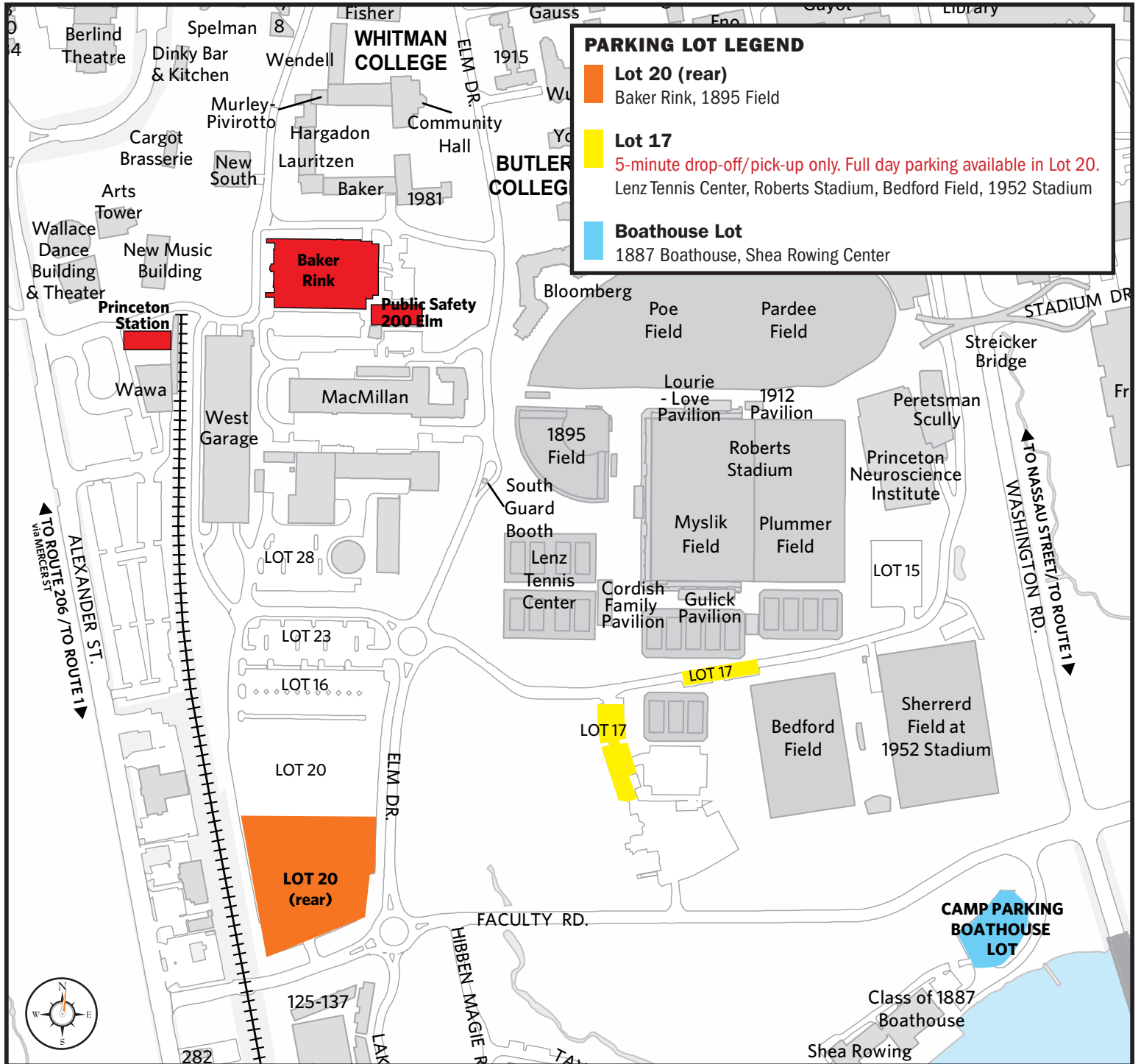
BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for each camp you are attending.

If you are attending multiple camps, please make enough copies to hand one in at each camp check-in.

PRINCETON SPORTS CAMPS PARKING MAP (WEST CAMPUS)

609.258.3369 • www.princetonportscamps.com



DIRECTIONS Recorded driving directions are available for callers with touchtone phones at 609.258.2222.

PARKING Please consult the Parking Lot Legend to determine available parking based on your check-in location. Individuals parking in areas other than designated check-in/check-out parking lots are subject to ticketing and/or towing at the owner's expense.

Parking is not permitted along roadways. All vehicles must be parked with a lined space.

LATE ARRIVALS Please check your camper information packet for specific information regarding late arrivals.