



	Check-In	Check-Out
Clinic 1	Sunday, January 29, 2023 at 12:30pm	Sunday, January 29, 2023 at 4:00pm
Clinic 2	Saturday, February 11, 2023 at 9:30am	Saturday, February 11, 2023 at 1:00pm
Clinic 3	Monday, February 20, 2023 at 12:30pm	Monday, February 20, 2023 at 4:00pm
Location	The Bubble at Princeton Stadium	The Bubble at Princeton Stadium
Notes	<i>All campers must check-out in person at the designated check-out location. If you need to depart early, please make arrangements with the camp staff at check-in.</i>	

IMPORTANT - COVID-19 REQUIREMENTS

DAY CAMPS/CLINICS - INDOOR

- All camp participants must be fully vaccinated for COVID-19 (at least 2 weeks have passed since receiving the second dose of a two-dose vaccine or the single dose of a one-dose vaccine) and follow the policy for masks in effect at the time of their visit ...**OR**
- Have a negative test for COVID-19 via PCR within 72 hours before the start of the scheduled visit or via rapid antigen test within 8 hours before the start of the scheduled visit and be prepared to show proof of the negative test ...**OR**
- Agree to wear a mask at all times when indoors. These individuals cannot remove their masks inside of University buildings, not even to eat or drink.

ADDITIONAL ITEMS

- Please keep in mind that spectators may have limited access during indoor and outdoor sports camps/clinics.
- Medical and religious exemptions will not be accepted for 2022-23 sports camps & clinics.
- For more information, please review all [Frequently Asked Questions](#) and the Princeton University visitor guidelines (<https://covid.princeton.edu/policies>).

DIRECTIONS TO CAMPUS

There are no physical addresses for any of Princeton’s Athletic Facilities. If you are unfamiliar with campus, we recommend that you visit Google Maps to obtain directions to the check-in/check-out location.

PARKING

Parking will be available in the new Stadium Drive Garage. Remember, parking in an unauthorized lot is not permissible.

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

MEDICAL CARE

It is absolutely essential that campers are 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.

Please remember to follow healthy hygiene practices in regards to washing hands, face coverings and proper behavior when sneezing/coughing.

REQUIRED FORMS

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

Parental Release Form (1 page)

Health Form (2 pages)

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/imm_requirements/k12_parents.pdf.

COVID-19 VACCINATION REQUIREMENTS

Full vaccination is defined as at least 2 weeks have passed since receiving the second dose of a two-dose vaccine or the single dose of a one-dose vaccine. During the registration process the individual completing the registration form will need to attest that the person associated with the registration is fully vaccinated against COVID-19.

MEDICATIONS AT CAMP

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.



2022-23 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 #: _____ - _____ - _____

Please upload in advance to your ACTIVE ACCOUNT.
This form is required for each camp you are attending. Please upload a copy for each camp.



2022-23 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.

Please upload in advance to your ACTIVE ACCOUNT.
This form is required for each camp you are attending. Please upload a copy for each camp.

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 https://nj.gov/health/cd/documents/imm_requirements/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.

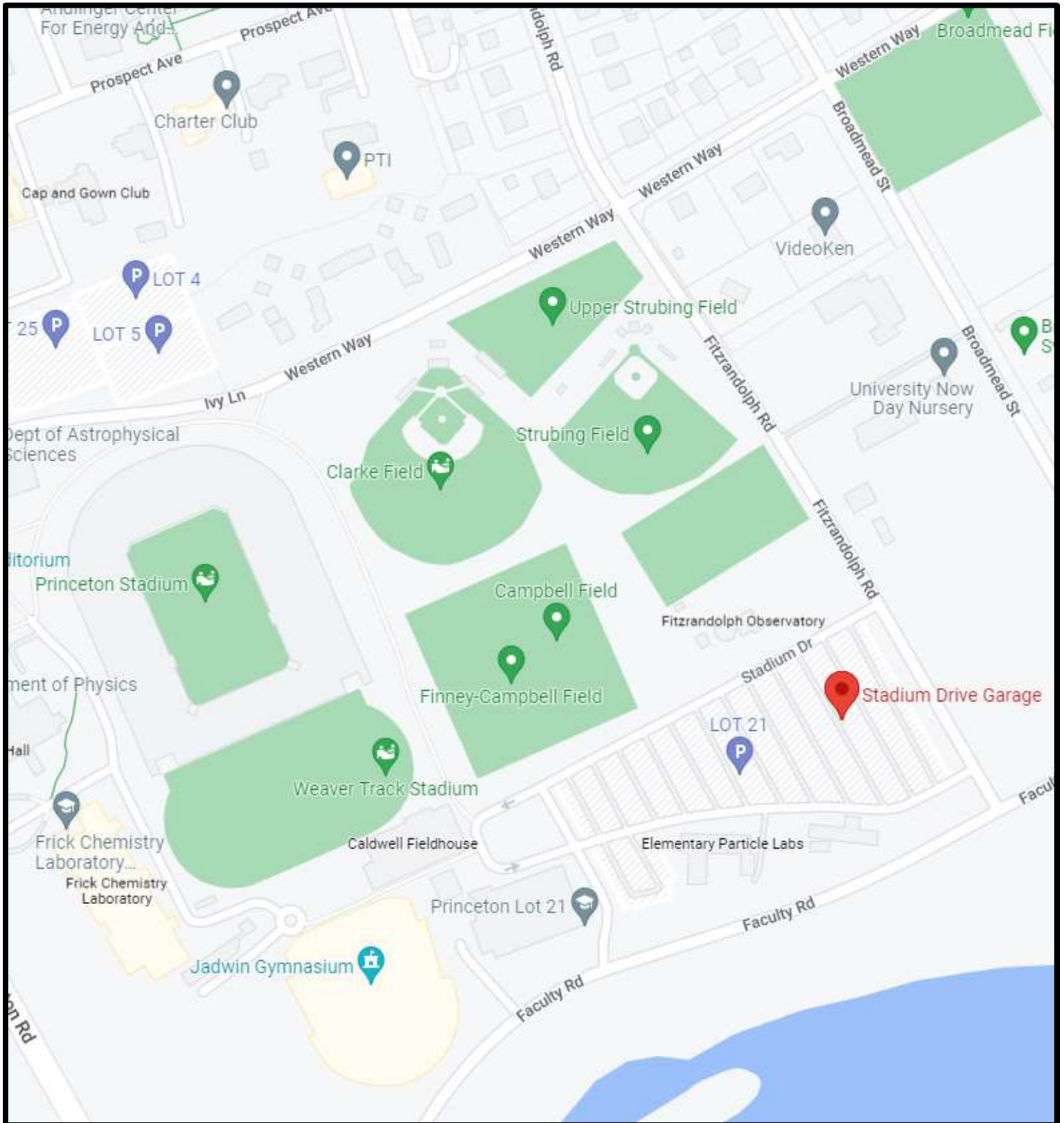
Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____

Please upload in advance to your ACTIVE ACCOUNT.
This form is required for each camp you are attending. Please upload a copy for each camp.

PARKING – Princeton University Sports Camps & Clinics

Campbell Field – Clarke Field – DeNunzio Pool – Finney Field – Jadwin Gym – Princeton Stadium – Softball Field – Weaver Track



STADIUM DRIVE GARAGE