

Thank you for registering for the 2018 Invasion Field Hockey Camp

We hope that this will be a memorable and exciting experience for you! The information in this packet is **VERY IMPORTANT**, so please read it thoroughly, fill out the enclosed forms, and feel free to call us with any questions at 203-339-2963.

REGISTRATION

Team & Individual Camp

July 8-11, 2018

Session I: Sunday, July 8 between 1:00–2:00 p.m. at JOGUES Residence Hall.

Extended Day Campers will depart that evening after dinner and evening field hockey games, approximately 9:30 p.m.

ALL campers should be prepared to play following check-in. Please have lunch prior to registration.

Day & Mini Camp

July 16-19, 2018

Monday, July 16 at 8:30 a.m. at Walsh Athletic Center.

Day Camp times: Mon.-Wed. 9:00 a.m.-4:00 p.m. Lunch is included. Thursday– 9 a.m.–11:30 a.m.

Mini Camp times: Mon.-Thurs. 9:00 a.m.–11:30 a.m.

PROGRAM ENDS

Team & Individual Camp

Wednesday, July 11, after last tournament game, between 11 a.m.–12 p.m. *

Day & Mini Camp

Thursday, July 19 after last tournament game, between 11 a.m.–12 p.m.*

* Parents are invited to attend final games on the last day of camp.

DIRECTIONS

Please see enclosed directions.

HEALTH & RELEASE FORMS

Please fill out all medical forms attached and bring them on the first day of camp.

1. The State of Connecticut Health Form: **this form MUST be signed by a physician.**
2. State of Connecticut Medication Form **requires physician signature.** (This is only needed for prescription medications that are to be administered by camp staff.)
3. The Invasion Camp Release Form requires a parent/guardian signature.

You must bring these completed forms with you to camp.

Campers cannot be admitted without these forms. Please notify Camp Director of health conditions prior to camp. (Allergies, asthma, concussions, recent injuries, etc.)

HEALTH & SAFETY

- ▶ An athletic trainer or registered nurse will be on site at all times.
- ▶ Drugs, alcoholic beverages and cigarettes are strictly forbidden and constitute, along with general misconduct, grounds for immediate dismissal from camp without refund or credit.

ROOMMATES

- ▶ Players stay 2 per room and are assigned by age and roommate requests.
- ▶ **No triples are available.**
- ▶ If you have a **roommate request**, and have not already given it to us, please do so **no later than June 15.**
- ▶ If you don't have a roommate request, you will be placed in a room with someone near your age. It will be a great opportunity to meet someone new!
- ▶ Campers are under constant supervision as coaches/staff live with them while they are at camp.

ROOM KEY DEPOSIT

Fairfield University requires a room key deposit of **\$50**. Please bring a check made out to **Invasion FH** for that amount and we will hold it for you until the key is returned on the last day of camp.

AUTOMOBILES ON CAMPUS

ALL vehicles driven to camp and retained during camp **must** be registered at check-in. (a parking fee required).

ALL keys to these vehicles must be turned over to the Camp Director.

F I E L D H O C K E Y

PAYMENTS

Full payment of camp fees must be received no later than **June 15, 2018**. Your confirmation shows your deposit/payment thus far. **A late fee of \$25 will be assessed to all registrations and payments after June 15.**

You acknowledge and agree to assume and be fully responsible for any and all property or other damage caused by camper to the room or any other facility used at camp.

CANCELLATIONS

Hopefully, you will not have to cancel, but if you must, please do so early so that those on the waiting list can be notified. If you cancel prior to June 15, you will receive a refund less \$100 deposit. After June 15, you will receive a tuition credit for following year.

CHECKLIST OF THINGS TO BRING

Below is a suggested list of clothes, equipment and personal items. Invasion Field Hockey Camps IS NOT responsible for lost or stolen articles or money. DO NOT bring valuable items to camp with you. We recommend that you do not send unnecessary items of clothing, which can get lost. Items:

- ▶ Hockey stick(s)
- ▶ Water bottle
- ▶ 2 mouth guards and shin guards
- ▶ Protective goggles
- ▶ Goalies must have full goalie protective equipment (We cannot provide goal keeping equipment)
- ▶ Court shoes for indoor play in case of rain
- ▶ Turf shoes/cross trainers for turf **(NO CLEATS!)**
- ▶ 2 sweatshirts and sweatpants (optional)
- ▶ 6 pairs of thin athletic socks
- ▶ 2-5 towels and bar of soap
- ▶ Windbreaker or rain gear
- ▶ Week's supply of underclothing
- ▶ Alarm clock
- ▶ Fan **(Dorms are not air conditioned)**
- ▶ Non-perishable snack foods
- ▶ Toilet articles, sunscreen, lip balm
- ▶ Spending money (pizza, subs, sodas ~\$70/week)
- ▶ **Pillow & pillowcase, sleeping bag or linens**
- ▶ **Room key deposit** (\$50 check payable to Invasion FH)
- ▶ **Health Forms**

**Don't forget to label every article of clothing, equipment and other items you bring to camp.*

SPENDING MONEY

- ▶ **We recommend \$70 a week** for spending money.
- ▶ If interested, there will be a camp bank to hold money for the athletes.
- ▶ The camp will have a store for Field Hockey apparel and equipment along with a snack bar in the dorm.

COMMUNICATION

We encourage communication with home. Campers are permitted to call their family and friends during their breaks and after hours. We do not allow the use of cell phones during training sessions. If you need to reach your child for an urgent matter, please call the director's phone provided in this packet. Our staff will put you in touch with your camper after the session. If the matter is not urgent, please leave a message and we will be in touch.

If campers have any concerns such as grouping, homesickness, illness or injury, etc., please ask them to talk to their coach or camp director first. Then feel free to call the camp phone number and speak to a member of our staff. We are committed to making this a great experience for your child and want to deal with all issues immediately.

PHONE

To leave a message: (203) 254-4000 (ext. 2471)
Camp Director Cell Phone: 203-339-2963
Emergency ONLY, Fairfield Public Safety (24 hrs): (203) 254-4090



F I E L D H O C K E Y

DIRECTIONS TO FAIRFIELD UNIVERSITY

Enter the University from the main entrance on N. Benson Rd. Proceed down Main entrance on Loyola Dr. to Traffic Circle, turn right off and follow McCormick Rd. to the residence halls. JOGUES Hall will be on your left. Park at lot to the left behind softball field.





Health Form Instructions

To avoid confusion regarding the health/release and medication forms, the requirements for each form are outlined below. Please contact us at 203-339-2963 or 203-254-4000 x2471 with any questions. We have three mandatory health and release forms:

- ▶ **The Youth Camp Health Exam Record** is required for all campers in the State of Connecticut, and must be completely filled out and **signed by a doctor**. You can submit a copy of your school physical as long as there is a physician's signature.
- ▶ **The Medication Authorization Form** is required for campers to take any medication at camp. If you want to authorize the camp to administer medication as needed to your child, a doctor must fill out the Medication Authorization form (with dosage amount). This action is required for a camper to take either a prescription OR over the counter medication. Please make copies of this form if necessary - only one medication per form. We are NOT able to give your child Tylenol, Advil, etc without the form being signed by a doctor and you providing the medication in its original packaging. As an example, if your daughter develops a headache, cramps, or suffers a minor strain, we can NOT give her Tylenol/Advil, etc without the form being signed by a doctor and you providing the medication. Please be prepared to turn the actual medication in to the medical staff at camp registration on the first day.

The state also mandates that campers are not allowed to have any medicine (except inhalers) in their gym bag (this includes Tylenol), or in their room. The state inspector may check open bags and rooms when we are inspected. Anything found will result in an infraction for the camp.

If your daughter is diabetic or has a life threatening illness, please contact us with the details of her illness. We would like to have advanced notice of these conditions to better prepare our staff for managing her needs.

- ▶ **Invasion Camp Release of Liability Form** is required for all campers and only needs to be signed by a parent or guardian.

Youth Camp Health Exam/Record For Campers And Staff

Physical Exams Are Valid for 3 Years from Date of Last Examination

Please Return Completed Form to the Camp

Camper Staff

Name _____ Date of Birth _____ Phone _____

Guardian _____

Address _____

Emergency Contact Telephone _____

Date of Arrival at Camp _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

May participate in all camp activities

May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO

If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

City _____ State _____ Zip Code _____

▶ Signature of Physician, APRN or PA _____

Date Form Signed _____

Telephone Number _____

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. **Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.** All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth / / _____ Today's Date / / _____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: _____ Start Date / / _____ Stop Date / / _____

Is this medication to be self-administered by the child? YES NO

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number () _____

Prescriber's Address _____ City _____ State _____ Zip _____

► Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date / / _____

Child's Name _____

Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____

► Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ ► Signature (in ink) _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____ / ____ / ____ Today's Date ____ / ____ / ____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	▶ Signature of Person Observing or Administering Medication
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
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*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

▶ Person Accepting Medication (print name) _____ Date ____ / ____ / ____

Health and Release Form

Please Return Completed Form to the Camp

Camper's Name _____

Sex Birthday Age Weight Height _____

Address _____

City State Zip _____

Home Phone () _____

Parent Cell Phone () _____

E-mail _____

Phone Number of Emergency Contact Person () _____

Name _____

HEALTH AND GENERAL HISTORY

If the camper should be restricted from any activity please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage: _____

Please identify any medical condition or medical history that would require special attention: _____

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Invasion Hockey Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

► Signed _____ Date _____

HEALTH INSURANCE INFORMATION

Carrier Name _____

Policy Number _____

Policy Holder Name _____

Policy Holder Date of Birth _____

I, the parent (guardian) of _____ give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF INVASION FIELD HOCKEY CAMP, AND HEREBY AGREE TO ACT IN ACCORDANCE.

I further understand that Invasion Hockey Camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

► Signed _____ Date _____

RELEASE OF LIABILITY — READ BEFORE SIGNING

In consideration of my minor child/ward _____ ("my child") being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport(s); and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Invasion Field Hockey, Fairfield Hockey Camp, Fairfield University their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law. I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

► Signed Parent or Guardian _____

Date _____