

HAWK'S LACROSSE CAMP

At Saint Joseph's University

- 5600 CITY LINE AVENUE PHILADELPHIA PA 19131 • 610-660-2585 • hawkslaxcamp@gmail.com

CONFIRMATION INFORMATION

Winter Day Camp

December 3-4, 2016

TIMELINE & DUE DATES

CHECK-IN

December 3, 2016

- 8:30am Check In
- 9:00am Camp Begins

MEDICAL FORMS/WAIVERS DUE

At Registration!!

**BEFORE CALLING OUR OFFICE WITH QUESTIONS
PLEASE READ THIS SHEET AND ALL OTHER
INFORMATION AVAILABLE TO YOU TO SEE IF THE
ANSWER TO YOUR QUESTION IS IN THE MATERIAL
THAT HAS ALREADY BEEN SENT!**

Many Thanks—SJU Lacrosse Staff

CAMP CHECK-OUT

December 4, 2016

- 12:00 pm – Camp Ends/Check out

ALL FORMS): 1-Medical; 2-Directions; 3- What to Bring List

Camp Staff:

- In addition to The Saint Joseph's Women's Lacrosse Coaching Staff, we will also have Members of The Saint Joseph's Women's Lacrosse Team
- Saint Joseph's Women's Lacrosse support staff who specialize in Speed and Strength Training

Medical & Waiver Forms:

- This is a TWO PAGE form. Please be sure to fill out everything legibly and completely. A physician's signature is required on page two. A school physical completed within the calendar year can be substituted for the physician's signature.
- Medical Forms are due at Check-In.
- Campers will not be permitted to participate in camp if these forms are not completed and submitted by check-in. .

Refunds:

- 50% of your camp tuition is non-refundable for any reason. If injuries, sickness or circumstances make it impossible for you to attend our camp we must be notified by December 1, 2016 in order to issue a partial refund. If injuries, sickness or circumstances do not permit you to cancel prior to December 1, 2016, we will apply the entire fee towards a future camp and you will not be eligible for a partial refund. Balances and deposits are transferable to siblings or family members ONLY! If you do not, or cannot, attend a future camp, you will not be eligible to receive a refund.
- Refunds that fall within this policy will not be dealt with or sent out until after January 7th 2016

Hawks Lacrosse Camp Health Form

This form must be completed and signed by the camper's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. This form will be returned to you if it is incomplete. Please type or print in black ink.

CAMPER INFORMATION

Camper's Name _____ Campers Email _____
Permanent Address _____ Date of Birth _____
City/State/Zip _____ Home Phone _____
Camper's Cell Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

| | |
|---------------------------------|---|
| <i>Person to contact first:</i> | <i>Backup contact (relative or friend):</i> |
| Name _____ | Name _____ |
| Relation to camper _____ | Relation to camper _____ |
| Daytime Phone _____ | Daytime Phone _____ |
| Evening Phone _____ | Evening Phone _____ |
| Cell Phone _____ | Cell Phone _____ |

INSURANCE POLICY INFORMATION

The above-named child is covered by health insurance: Yes No
If yes, provide the following information which is required by the hospital to expedite treatment and to facilitate the billing process.

| | |
|-----------------------------------|----------------------------|
| Policy Holder's (P.H.) Name _____ | P.H.'s Date of Birth _____ |
| Address _____ | Relation to camper _____ |
| City/State/Zip _____ | Occupation _____ |
| P.H.'s Employer _____ | |
| Employer's Address _____ | |
| Insurance Company _____ | |
| Insurance Company's Address _____ | |
| Policy # _____ | Plan # _____ |

MEDICAL TREATMENT CONSENT

I, _____ the legal guardian of the above-named camper, authorize the Hawks Lacrosse Camp staff to seek medical treatment for the camper as they see necessary a nearby medical facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature

Print Name

Date

Directions: Completion of this form by a parent or guardian is required before a student can enter camp. Please answer all questions. Incomplete forms will be returned to you for the missing information. Please type or print in black or blue ink. Attach any specific recommendations from your physician to this form.

DOES THE CAMPER CURRENTLY HAVE ANY OF THE FOLLOWING? (if yes, please describe)

Drug allergies: _____
Food allergies: _____
Allergies to insect bites: _____
Special dietary needs: _____
Asthma: _____
Frequent headaches: _____
Dizziness or seizures: _____

LIST: Other health problems: _____

Limitations of Activities: _____

Medications the camper is currently taking: _____

(please note: Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will your child require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain. Yes No

MEDICAL HISTORY

IMMUNIZATION DATES:
Measles _____
Mumps _____
Rubella _____
OR MMR _____
Last Tetanus _____
 (DPT, TT, or TD)
Polio Series completes _____

Date of last medical check-up: _____
Reasons for any hospitalization in past 5 years:

PHYSICIAN'S INFORMATION (to be completed by physician) Please **PRINT** the following information:

Physician's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

I have examined the above named camper and found her to be able to participate in all activities of the Saint Joseph's Women's Lacrosse Camp

Physician's Signature

Print Name

Date

DIRECTIONS TO SAINT JOSEPH'S UNIVERSITY

Lacrosse Camp

MAIN CAMPUS:

GPS Address for Hagan Arena and Athletics Center: 2450 N. 54th St., Philadelphia, PA 19131

Mailing Address is 5600 City Ave., Philadelphia, PA 19131

BASKETBALL (Hagan Arena), LACROSSE (Sweeney Field) and SOCCER (Sweeney Field):

From the North: N.J. Turnpike to Exit 6 (Pa. Turnpike connector). Follow Pa. Turnpike to Exit 20 (Rt. 476). Follow 476 South to Rt. 76 East, towards Philadelphia. Follow Rt. 76 East to Exit 339 (Rt. 1 South, City Avenue). Turn left on 54th Street and turn right into parking lot. Hagan Arena is on the left.

From the East: Take either the Ben Franklin Bridge (via Rt. 676) or the Walt Whitman Bridge. Follow Rt. 76 West to Exit 339 (Rt. 1 South, City Avenue). Turn left on 54th Street and then right into parking lot. Hagan Arena is on the left.

From the South: I-95 North to 476 North. Follow 476 North to Exit 5 (Rt. 1). Follow Rt. 1 North to SJU, approximately 10 miles. Turn right on 54th Street and turn right into parking lot. Hagan Arena is on the left.

From the West: Pa. Turnpike to Exit 326 (Valley Forge). Follow Rt. 76 East, towards Philadelphia, to Exit 339 (Rt. 1 South, City Avenue). Turn left on 54th Street and turn right into parking lot. Hagan Arena is on the left.

From the Airport: I-95 North to Rt. 76 West. Follow Rt. 76 West to Exit 339 (Rt. 1 South, City Avenue). Turn left on 54th Street and turn right into parking lot. Hagan Arena is on the left.

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WHAT TO BRING TO WINTER CAMP

EQUIPMENT & ATHLETIC CLOTHING:

- STICK
- GOALIE EQUIPMENT (GOALIES MUST PROVIDE OWN EQUIPMENT)
- MOUTHGUARD
- GOGGLES
- SHOES: CLEATS /TURFS AND SNEAKERS (OUTSIDE – FIELD TURF, INSIDE – GYM FLOOR)
- CHANGE OF CLOTHES IF NEEDED - SOCKS, T-SHIRT'S, SHORTS, ETC.
- SWEATSHIRT/SWEATPANTS AND ANY WARM CLOTHING - WE WILL DO OUR BEST TO PLAY OUTSIDE – PLEASE DRESS ACCORDINGLY!!
- RAIN JACKET

PERSONAL ITEMS:

- SNACKS (IF NECESSARY)
- WATER BOTTLE

•PLEASE HAVE PROPER IDENTIFICATION ON ALL OF YOUR ITEMS