



Dear Athletes & Parents,

Thank you for choosing Champion's Edge Field Hockey Camp 2010. Enclosed you will find everything that you need to know to prepare for camp at Babson College August 3-6, 2010. We will have a first class staff, top-notch curriculum and a host of informative and fun camp activities!

#### **Registration**

- Time: 11:30am to 1:00pm; August 3, 2010
- Place: Babson College; 231 Forest Street; Babson Park, MA 02457-0310
- Actual check-in TBD. Follow Champion's Edge signs once on campus.
- Important: First meal is dinner! Please make sure to bring lunch with you or eat before you arrive. First playing session starts promptly at 1:30pm.

#### **Directions to Campus**

**From the east:** Take the Massachusetts Turnpike to Exit 15 (Interstate 95/Route 128). After the tolls, follow signs to Route 95/128 South to Exit 21 (Route 16 Newton/Wellesley) ...

**From the west:** Take the Massachusetts Turnpike to Exit 14 (Interstate 95/Route 128). After the tolls, follow signs to Route 95/128 South to Exit 21 (Route 16 Newton/Wellesley) ...

**From the south:** Follow Route 95/128 North to Exit 21 (Route 16 Newton/Wellesley) ...

**From the north:** Follow Route 95/128 South to Exit 21 (Route 16 Newton/Wellesley) ...

**Then ...** At end of off ramp, follow signs for Route 16 West (Washington Street). Continue on Route 16 West for 2 miles through Newton Lower Falls and Wellesley Hills. Turn left onto Forest Street and follow for 1 mile to Babson College; the main entrance is on the right.

Once on campus, follow the Champion's Edge signs guiding you to check-in.

#### **Check Out**

- Time: 11:45am to 12:45pm; August 6, 2010
- Place: Camp Dorm (TBD)

#### **Champion's Edge: Camp Goals**

- To provide you with elite level coaches who are knowledgeable and trained to communicate the game of field hockey.
- Create a camp environment where you feel challenged and motivated to play beyond your individual comfort zone
- Teach you the skills and decision-making you need to play at the next level.
- Run an organized, informative and inspiring camp!!!

#### **Athlete Responsibilities**

- Strong level of fitness in order to prevent injury and to maximize your camp experience
- Openness to learning
- Respect and kindness toward other campers and staff
- Fun, energetic and positive attitude!

### **Camp Rules**

- All visitors (i.e. parents, boyfriends, etc...) are restricted to the playing field
- Obviously no alcohol, drugs, or smoking allowed
- No candles or incense burners allowed in dorms
- Please notify trainer of all medications and inhalers
- Resident athletes ARE NOT allowed to use their vehicles during camp

***Day campers who drive to camp must have parental permission to leave during breaks. Only athletes with permission to leave camp will be allowed to do so. Parent or guardian: please make sure to sign in the appropriate place on the Summer Medical & Participation Consent Form (enclosed).***

### **General Camp Schedule (Master schedule to be posted at camp)**

- Breakfast: 6:45am to 8:30am (resident campers only)
- Morning Sessions: 7:30-9:30am (Group A); 9:30-11:30am (Group B) Individual skill work, decision making on attack and defense, small game situations. Optional play (All): 11:30am – 12pm.
- Lunch: 11:45am to 12:45pm (residents & commuters)
- Afternoon Sessions: 1:00-3pm (Group A); 3-5pm (Group B), Penalty corner specialty work, set pieces, small games with conditions, strokes, team defense, video analysis, 7v7 play
- Dinner: 4:45pm to 6pm (residents & commuters)
- Evening Games: 6:15pm to 10:00pm, 11v11 full field game play (Day campers included)
- Dorm Check: 10:45pm
- Lights Out: 11pm

\*Please note: Day campers should refer to the master camp schedule at check-in for exact training session and evening game times. This will determine your drop-off and pick-up times each day.

### **Camp Checklist**

#### Residents:

- T-Shirts/ Tank Tops
- Shorts
- Socks
- Undergarments
- Towels
- Toiletries
- Sheets
- Pillow
- Blanket
- Fan
- Alarm Clock
- Sunscreen
- Snacks for your room

#### Residents & Commuters:

- Running Shoes
- Turf shoes (optional; camp is on turf)
- Flip flops
- Shin guards
- Mouth piece
- Stick
- Water bottle (with your name on it!)
- Goal Keepers: full equipment
- Pen and notebook for video sessions
- Money for camp store (refreshments, equipment)

### **Contact Personnel and Telephone Numbers**

On-site Business Director: Matt Winn

Office Email: [info@ce-fieldhockey.com](mailto:info@ce-fieldhockey.com)

Telephone Numbers:

1. 609 393 1197 (Anytime before camp and for all NON-EMERGENCIES during camp)
2. 609 610 6401 (Matt - Emergency Only)

**Parents & Guardians (please read the following sections, A-E)**

**A. USFHA Futures Selection**

Our camp is sanctioned by the United States Field Hockey Association. We are able to recommend up to 3% of our camp enrollment to the Futures Program. Athletes interested in trying out for Futures will be given the opportunity to sign up during check-in. Further details will be provided once camp begins. For detailed information on the program, see [www.usfieldhockey.com](http://www.usfieldhockey.com).

**B. Tuition Payment Information**

Tuition payment details are included in your CE Account Statement. You received the statement via email; please print a copy for your records. The statement details the athlete's camp enrollment and the total camp tuition balance. Previously made payments are also noted. Follow the instructions indicated within the email regarding the final tuition payment schedule, if applicable.

If you registered online, you were asked to create a user account. You are welcome to log into your account at any time to make final payments or to check your tuition balance. If you would rather pay your balance via postal mail, simply detach the bottom portion of the CE Account Statement and mail along with payment to the address listed on the statement.

We will also accept tuition payments over the phone (609-393-1197) during normal weekday business hours.

**C. Summer Medical & Participation Consent Form**

Each athlete is required to complete the enclosed Medical Questionnaire & Participation Consent Form in full and return the form prior to participating in camp. **DO NOT FAX THIS DOCUMENT.** Please mail to the address indicated on the form. Please note: a physician's signature is not required to complete the form. We are only asking that you document the date of the last physical and provide relevant physician contact information.

**VERY IMPORTANT**

In addition to completing CE's medical questionnaire included below, you must also submit a copy of your child's medical records that must include the following information:

- Immunization Record and
- Most Recent Physical Exam from your child's physician

You may use a physician's form, or you may make a copy of the medical records on file at your daughter's school. Since we are a Massachusetts state registered camp, athletes cannot be admitted to camp without the required medical forms.

**D. Cancellation Policy**

All requests for cancellation must be made in writing. All monies paid, with the exception of a \$115 deposit, will be refunded provided the notice of the cancellation is received two weeks prior to the start of camp. No refunds of any kind will be granted if cancellation is made less than two weeks prior to the start of camp, regardless of the nature of your cancellation. If you purchased camp cancellation insurance upon registering, you must provide notice of cancellation a minimum of 2 days prior to the start of camp to receive full tuition reimbursement.

**E. Day Campers Only**

Parents: If your daughter is a day camper, you have the opportunity to grant her permission to leave campus during designated breaks. Please sign in the appropriate place on the Medical & Participation Consent Form to confirm your intentions.

Only athletes who have been granted parental permission to leave campus will be allowed to do so, regardless of whether or not they are driving. Resident athletes are not permitted to leave campus at any time.

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We're looking forward to camp! If you have questions between now and August 3rd, please don't hesitate to contact us at anytime using the information listed above.

Best regards,

Kristen Holmes-Winn  
President, Champion's Edge Field Hockey  
Head Coach, Princeton University

**DO NOT FAX!**  
Mail to:  
Champion's Edge  
P.O. Box 188  
Princeton, NJ 08542

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**Champion's Edge Field Hockey  
Summer Medical & Participation Consent Form 2010**

**Instructions:** Parents complete in full. All sections must be completed; enter "None" if not applicable. Accurate information will better enable us to provide quality care to your child in case of a problem or emergency.

**Part I.**

Camp Location: \_\_\_\_\_ Camp Date: \_\_\_\_\_  
Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Emergency Contact other than parent: \_\_\_\_\_  
Relationship to athlete: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical History: (Please list all health problems, including emotional, and physical)  
\_\_\_\_\_  
\_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies: (Medications or others) \_\_\_\_\_  
Date of last Tetanus. Must be within 10 years: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONSENT FOR PARTICIPATION, MEDICAL AND SURGICAL TREATMENT**  
Permission is granted for full participation in the Champion's Edge Field Hockey program. I consent to examination and treatment of my child by a Certified Athletic Trainer or Physician as designated by Champion's Edge in the event that such care is needed. I also consent the release of any information regarding treatment while at the program to my Family Doctor.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II. Parental Confirmation of Physical**

My daughter has obtained a proper physical on this date and found to be free from infectious and contagious disease. All health concerns have been listed above. He/she is physically qualified for full participation in activities related to the Champion's Edge Field Hockey Camp.

Signature of Parent/Guardian: \_\_\_\_\_  
Date of Last Physical: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*Additionally, since we are a MA state registered camp, each athlete must provide recent physical and immunization records. This can be obtained from your doctor's office. Please submit these documents with this form; athletes absent of this information will not be allowed to participate as stipulated by the Wellesley Board of Health.**

**Part III. Parents & Guardians of Day Campers Only (not applicable to resident athletes)**

Please sign **ONLY** if you wish to grant your daughter permission to leave campus during designated camp breaks.  
I (parent or guardian, print name) \_\_\_\_\_ give my daughter permission to drive her vehicle or leave campus during designated camp breaks. My daughter understands that being tardy for any session is unacceptable and is grounds for dismissal from camp. Athletes with permission to leave camp may do so only with other athletes who have also been granted permission.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_