



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 The University of Scranton, June 17-20, 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; June 17, 2010
- Place: Gavigan Hall: The University of Scranton, Scranton, PA.
- 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

- From the North: I-81 South to Exit 185
- From the West: I-80 East to I-81 North to Exit 185
- From Connecticut & New England: I-84 East to I-81 South to Exit 185
- From Baltimore & Washington: I-83 North to I-81 North to Exit 185
- From New York and Northern NJ: I-80 West to I-380 North to I-81 South to Exit 185
- From Philadelphia and South NJ: Northeast Extension of PA Turnpike (I-476) to Ext 115, then I-81 North to Exit 185

To Campus: From I-81, Exit 185

Follow signs to campus (on right). Before the first traffic signal, veer right onto Madison Ave. Proceed two blocks and turn right at the light onto Mulberry St. After a few blocks, make a right on Clay St. Gavigan Hall will be on your left on the corner after one short block. White Champion's Edge signs will be posted to help direct you.

Check Out

- Time: 11:45am to 12:45pm; June 20, 2010
- Place: Gavigan Hall (Day campers do not need to check out.)

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

- High 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 playing fields
- 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 (optional- dorm has A/C)
- Alarm Clock
- Sunscreen
- Snacks for your room

Residents & Commuters:

- Running Shoes
- Turf shoes (optional; camp is on field 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

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.

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.

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.

.....

We're looking forward to camp! If you have questions between now and June 17th, please don't hesitate to contact us at anytime using the details 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

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

**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: _____

*****Often the athlete's school requires proof of physical in order to participate in school sports. If you have a copy of such a document, you may include it with this medical questionnaire.***

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: _____