



Dear Athlete,

Thank you for choosing Champion's Edge Field Hockey. The following information offers details regarding our preseason day camp taking place at **Stuart Country Day School, August 9-11, 2010**. You can expect elite level instruction and a top-notch curriculum. We're excited to work with you!

A. Camp Details

Date: August 9-11, 2010.

Times: Camp starts at 1pm and ends at 7:30pm daily. **Check-in on the 9th begins at 12:30pm. The first session starts promptly at 1pm.**

Place: Stuart Country Day School; 1200 Stuart Road, Princeton, NJ

Directions: Go to www.stuartschool.org. Point at 'About Stuart', scroll down and click on 'Directions to the School'.

Equipment

- Running shoes
- Turf shoes (optional)
- Shinguards
- Mouth piece
- Stick
- Water bottle

*GK's: Full kit.

Lunch: Athletes are required to pack their own refreshments/snacks. Water and ice will be provided. There will be a break from 3:45pm to 5pm.

B. Tuition Payment Information

Tuition payment details are included in your Camp Tuition 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 and make changes to your account. If you would rather pay your balance via postal mail, simply detach the bottom portion of the Camp Tuition 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. We will accept the form via postal mail; DO NOT FAX. 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. Cancellations

All requests for cancellation must be made in writing. All monies paid, with the exception of a \$50 administrative fee, will be refunded provided the notice of the cancellation is received two weeks prior to the start of the 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.

E. Champion's Edge Contact Information

Champion's Edge Field Hockey
P.O. Box 188
Princeton, NJ 08542

Tel. 609-393-1197

Email. info@ce-fieldhockey.com

Web. www.ce-fieldhockey.com

Thank you very much for your registration! Please let us know if you have any questions or concerns.

Best regards,

Matt

Matt Winn
Director of Operations
Champion's Edge Field Hockey

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: _____

*****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: _____