

PARENTAL CONSENT FORM

In order to enable health facilities in Boston to provide prompt health care to your minor son or daughter, we urge you to read and complete this consent form. This will enable us to help your child, without delay, in the event of an emergency.

Please provide the following information about the registered camper.

Name of camper: _____

S.S. #/DOB: _____

Guardian's name/relationship: _____

S.S. #: _____

IF YES, PLEASE DESCRIBE

Allergic reactions (drugs, food, asthma, etc.) No Yes

Taking any medications at this time? No Yes

Date of last tetanus toxoid: _____

IN CASE OF EMERGENCY

Father p. _____ w. _____

Mother p. _____ w. _____

Other emergency number: _____

List person to contact: _____

Your insurance company: _____

Policy #: _____

Name of Policy Holder: _____

INSTRUCTIONS REGARDING YOUR INSURANCE

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for all the staff of the camp, during the period of the camp, to seek appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs.

I/We, the undersigned, for ourselves and as guardian(s) of (camper's name) _____, understand that hockey is an active, physical sport, and that injuries can take place during play. I/We understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in hockey and camp activities.

I/We, represent that I/We have sought the opinion of our child's pediatrician, (name of camper's physician) _____, and he concurs that (camper's name) _____, is fully capable of safely engaging in these activities. I/We understand that is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activities, and I/We are confident that he/she is able to engage in such sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Boston University Hockey Camp, Inc., and staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury or loss due to negligence.

Signature

Date

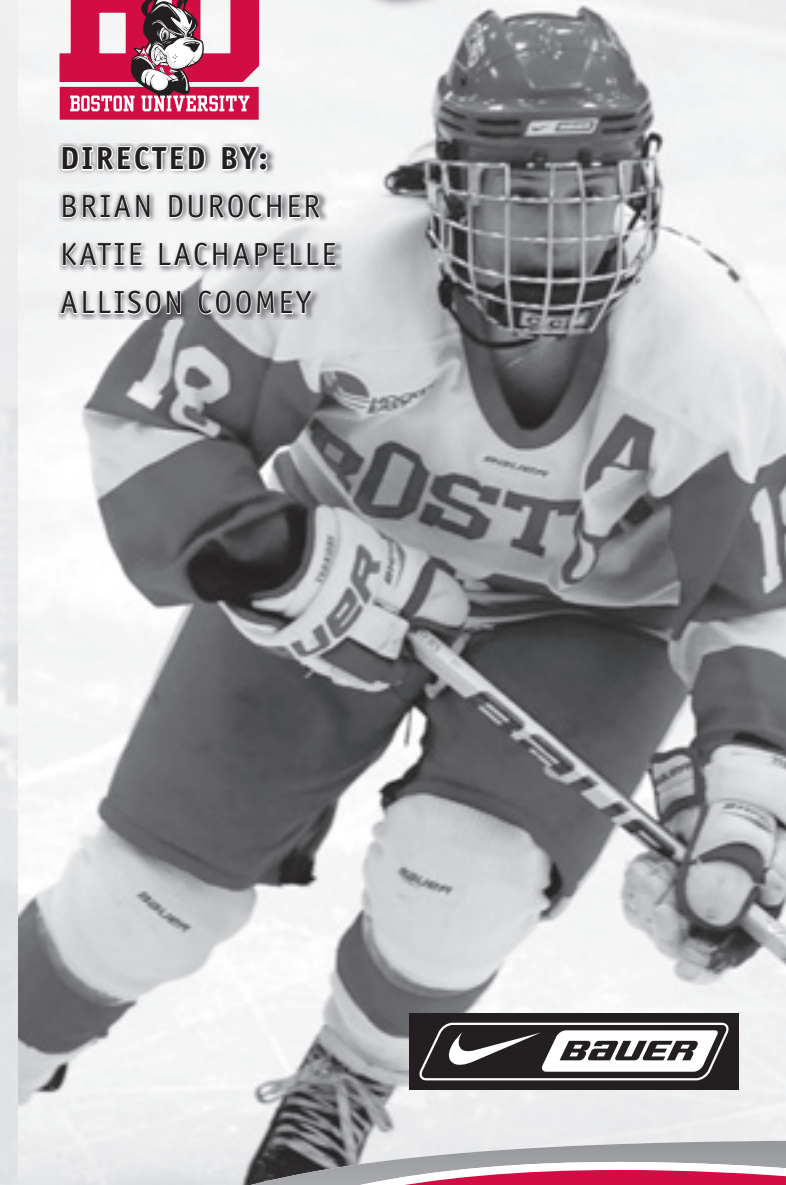


Boston University
Women's Ice Hockey Camp
285 Babcock Street
Boston, Massachusetts 02215

WOMEN'S ICE HOCKEY CAMP



DIRECTED BY:
BRIAN DUROCHER
KATIE LACHAPELLE
ALLISON COOMEY



JULY 22 – JULY 27, 2012

WALTER BROWN ARENA BOSTON UNIVERSITY
www.GoTerriers.com

CAMP STAFF

DIRECTORS



BRIAN DUROCHER

Women's Head Coach
Boston University

- Former associate men's ice hockey head coach, Boston University
- Former assistant men's ice hockey coach, Brown
- Former assistant men's ice hockey coach, Colgate



KATIE LACHAPELLE

Assistant Coach
Boston University

- Former assistant women's ice hockey coach, Ohio State
- Graduated from Providence '99



ALLISON COOMEY

Assistant Coach
Boston University

- Former assistant women's ice hockey coach, Niagara
- Graduated from Niagara '02



DARCY GOULD

Strength and Conditioning Coach,
Boston University

MAURA CROWELL

Assistant Coach, Harvard University

LINDA LUNDRIGAN

Assistant Coach, Northeastern

KRISTIN CIRBUS

Assistant Coach, Bowdoin College/UMass Boston

MALLORY YOUNG

Assistant Coach, Colby College

CAMP SCHEDULE

WALTER BROWN ARENA

GROUP RED AGES 7-14 INTERMEDIATE	GROUP BLACK AGES 12-16 INTERMEDIATE/ELITE	GROUP WHITE AGES 15-18 ELITE
7:00 - Breakfast	8:30 - Breakfast	8:30 - Breakfast
8-9:20 - Ice	9:40-11:20 - Ice	9-10:00 - Dryland
10-11:00 - Dryland	11:40-12:40 - Dryland	10:15-10:50 - Video
11-11:30 - Video	12:40-1:30 - Lunch	11:30-12:50 - Ice
11:30-12:30 - Lunch	1:40-2:15 - Video	12:50-2:30 - Lunch
1-2:30 - Ice	2:40-4:10 - Ice	2:30-3 - Dynamic Workout
3-4:00 - Dryland	4:40-5:40 - Dryland	3-4:00 - Dryland
Day Campers Go Home	Day Campers Go Home	4:20-5:50 - Ice
5-6:00 - Dinner	5:40-6:30 - Dinner	<i>Day campers go home after their 4:20-5:50 ice</i>
6:30-9:00 - Night Activity	6:30-9:00 - Night Activity	6-7:00 - Dinner
9:30 - Lights Out	9:30 - Lights Out	7-10:00 - Night Activity
		10:30 - Lights Out

* Pickup on Friday is after 1st Ice Session. There will be a game on Friday.

Please fill out the registration form and parental consent and send it with \$200 deposit.

Please make checks payable to:

Red & Brown Hockey Camp Corp.
285 Babcock St.
Boston, MA 02215

For more information call: **617.358.3880**

fax: **617.353.4321**

or email us at wih@bu.edu

OVERNIGHT COST: \$890

DAY COST: \$490 (includes lunch)

Optional sign up (for overnight campers only):

Duck Tours \$35

The Hockey Camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local board of health. A copy of policies of the Hockey Camp are available upon request at any time. They include:

- Policy for treatment of mildly ill campers
- Administration of needs of emergency care
- Background checks of staff
- Healthcare policy and grievance filing

* A confirmation letter will be sent upon receipt of application and deposit. Confirmation letter will include an itinerary.

CAMP APPLICATION

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

HOME PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY # _____

DOB _____

ONE ROOMMATE REQUEST (OPTIONAL) _____

GRADE IN FALL 2012: _____

LAST YEAR'S TEAM & LEVEL: _____

POSITION: _____

LAST YEAR'S COACH: _____

PLEASE CHECK ONE

OVERNIGHT

DAY CAMP

PLEASE CHECK ONE

GROUP RED

AGES 7-14

WEEK OF JULY 22 - JULY 27

GROUP BLACK

AGES 12-16

WEEK OF JULY 22 - JULY 27

GROUP WHITE

AGES 15-18

WEEK OF JULY 22 - JULY 27

OPTIONAL SIGN UP (FOR OVERNIGHT CAMPERS ONLY)

DUCK TOUR \$35