



## 2012 Blue Session Information

### Registration:

**On July 10<sup>th</sup> please plan to arrive between 1:30-2:30 p.m., at McDonough Arena (see map) in order to complete the registration process in a timely manner.** In case of inclement weather, registration will be moved to the McDonough Arena lobby. Directions to campus and registration are included and instructions for the rest of camp will be provided at camp registration.

### Parking and Pickup:

The camp will be held on the Georgetown University athletic fields on the Georgetown campus in Washington, D.C. On campus parking will not be available to campers. Attached is a map of where to park on campus for pick up and drop off entitled "Parking Map". **Campers are required to check out no later than 11 a.m., on July 13<sup>th</sup>.** Parents are invited to arrive early on Sunday to watch the final camp matches.

### Schedule July 10<sup>th</sup>

1:30- 2:30 p.m.	Check In at McDonough Arena
2:30 p.m.	Camp Welcome
3 p.m.	Field Session
4:30 p.m.	Dinner #1
5 p.m.	Dinner #2
5:45 p.m.	First Match #1
7 p.m.	First Match #2
8:15 p.m.	First Match #3
9:30 p.m.	Camp Meetings
11 p.m.	Lights Out

### Schedule July 13<sup>th</sup>

7 a.m.	Breakfast
8:15 a.m.	Final Matches
11 a.m.	Check Out

### What to bring:

All campers will be involved in three sessions per day. They will need to be prepared to play on grass, field turf or indoors. We recommend that campers bring soccer-specific clothing only. Please do not bring unnecessary clothes, expensive cameras, radios, watches, TV's or valuables that could be lost. Please label your personal items.

**Georgetown is not responsible for lost, stolen or forgotten items.**

### **Soccer items:**

- Soccer cleats
- Indoor soccer shoes/running shoes
- Ball
- Shin guards
- T-shirts/socks
- Rain coat

### **Non-Soccer Items:**

- Bed linens and pillow
- Towels
- Toiletries
- Sunscreen
- Backpack/boot bag
- Sweat shirt & pants

\*Campers are required to have their own ball through the camp. They are welcome to bring their own or purchase a Georgetown soccer ball for \$25. Please call at least one month in advance to ensure a ball is reserved and available for pickup at registration.

\*Campers are asked to wear navy blue shorts and navy blue socks along with the camp shirt provided as the team “uniform” for the week. Two t-shirts and one pair of shorts and socks will be provided as part of registration and extra camp gear will be available for purchase if desired. Laundry machines will be available for use during the week.

Camp Store:

There will be snacks, beverages and pizza available to campers at night as well as Georgetown Soccer merchandise and extra camp apparel.

Room Keys and Access Cards:

Each camper will receive a room key and a dorm access card upon registration. A \$50 fee will be charged for an unreturned key and a \$50 fee will be charged for an unreturned access card at the end of camp.

Medical Forms:

There are two separate medical forms attached, and available on the website, that **both must be completed before participation is allowed**- a health form to be completed by parents and doctor, and a permission/waiver form to be completed by parents and camper. You should email or fax the completed forms back to me prior to the first day of camp. The fax number is (202) 687-3981 and be sure to write “Men’s Soccer” on the fax cover sheet.

Medical Coverage:

There will be a qualified athletic trainer on hand at all times. Local hospitals are only a few minutes away from the complex. If you have any medical concerns or questions prior to arriving for camp contact me and I will put you in touch with our athletic training staff.

Directions:

Directions are provided in the attachment entitled “Directions to Georgetown”. If a hotel is needed for any reason, please contact me for a list of nearby hotels.

Please feel free to call if you have any questions. We look forward to a great week of camp!

Brian Gill  
Assistant Camp Director  
Georgetown University Soccer Camps  
Assistant Coach Georgetown Men’s Soccer  
202-687-8820  
bg283@georgetown.edu

THE GEORGETOWN UNIVERSITY SUMMER CAMP HEALTH FORM

In order to participate in a Georgetown University Summer Camp, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed these two forms will not be permitted to participate in camp activities until they are received.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_
Last First Middle Initial Month/Day/Year

Contact Information

Parents/Guardians \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ WorkPhone(\_\_\_\_\_) \_\_\_\_\_
Area Code & Number Area Code & Number

Home Address \_\_\_\_\_
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_
Name (local contact)

Number and Street City State Zip Code

2. \_\_\_\_\_ Phone \_\_\_\_\_
Name

Number and Street City State Zip Code

Health History (check, give approximate dates, and any details you believe would be helpful)

Allergies:

- Ear Infections \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_
Rheumatic Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Measles \_\_\_\_\_
Convulsions \_\_\_\_\_ Insect Sting \_\_\_\_\_ German Measles \_\_\_\_\_
Diabetes \_\_\_\_\_ Penicillin \_\_\_\_\_ Mumps \_\_\_\_\_
Behavior \_\_\_\_\_ Other? \_\_\_\_\_ Asthma \_\_\_\_\_

Operations or Serious Injuries (dates/description) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Other Diseases or Details re: Above \_\_\_\_\_

Any specific activities to be restricted while participating in Summer Camp? \_\_\_\_\_

Important: Please notify the campus if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted herein by me and/or the examining physician. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Georgetown University Summer Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Summer Camp, as deemed necessary by the staff of the Summer Camp.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Information:**

Policy Holder Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**MEDICAL EXAMINATION - To be filled out by licensed physician.**

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

**Immunization History**

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____	Booster _____	Tetanus Booster _____
Polio DPV (Sabin) _____	Booster _____	Typhoid _____
Measles vaccine (Live) _____		Tyberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (Live) _____
Smallpox _____		Other _____

Hgt. \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_

Hgb. Test \_\_\_\_\_ Urinalysis \_\_\_\_\_

Eyes _____	Extremities _____
Glasses _____	Posture (spine) _____
Ears _____	Skin _____
Nose _____	Allergy _____
Throat _____	Lungs _____
Teeth _____	Abdomen _____
Heart _____	Hernia _____

General Appraisal: \_\_\_\_\_

**For Girls & Women**

Has this person menstruated? \_\_\_\_\_ If so, is her menstrual history normal? \_\_\_\_\_

If not, has she been told about it? \_\_\_\_\_ Special considerations: \_\_\_\_\_

List any significant injuries, illnesses or emotional conditions about which the Georgetown University Summer Camp should be aware:

\_\_\_\_\_  
\_\_\_\_\_

**Recommendations and restrictions while in camp:**

Special diet \_\_\_\_\_

Special medicine (name it) \_\_\_\_\_ Is parent sending it? \_\_\_\_\_

Swimming/Diving \_\_\_\_\_

Strenuous activity \_\_\_\_\_

Other \_\_\_\_\_

Allergies to Medicine \_\_\_\_\_

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

\_\_\_\_\_  
Name of Examining Physician M.D. \_\_\_\_\_  
Signature of Examining Physician

Date \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

THE GEORGETOWN UNIVERSITY SUMMER CAMP  
ASSUMPTION OF RISK, WAIVER OF LIABILITY and  
PARENT/GUARDIAN PERMISSION FORM

CAMPER NAME: \_\_\_\_\_

*In order to participate in a Georgetown University Summer Camp, each participant must submit completed versions of this Assumption of Risk, Waiver of Liability and Parental Permission Form and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in camp activities until they are received.*

**AGREEMENT TO PARTICIPATE**

To ensure that you and your parents understand and accept the risks of participation in the Georgetown University Summer Camp (Summer Camp), you both must indicate your understanding and agreement by signing on the appropriate lines below.

**CAMPER AGREEMENT**

I affirm that my participation in the Summer Camp is entirely voluntary, and understand that participation in the Summer Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Summer Camp staff prior to signing this Form. I also understand that, despite safety precautions, neither the Summer Camp nor Georgetown University can guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Summer Camp. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Summer Camp.

**PARENT/GUARDIAN AGREEMENT**

I agree to allow my child/ward to participate in the Summer Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Summer Camp (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Summer Camp nor Georgetown University can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Summer Camp.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:** In consideration for permitting me/my child/ward to participate in the Summer Camp, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

**TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Summer Camp.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Summer Camp, Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as “releasees”) from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Summer Camp.

**MEDICAL EVALUATION:** I understand that I must obtain a medical evaluation and doctor’s approval prior to participation in the Summer Camp, and submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Summer Camp. I further understand that I will be responsible for my medical expenses.

**PHOTO RELEASE:** I give permission for photographs taken of me/my child/ward while participating in the Summer Camp to be used in marketing/public relations material in the promotion of Summer Camp.

**By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:**

**Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Camper Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **SOCCER CAMP PROFILE**

**Player Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Player Phone Number:** \_\_\_\_\_

**Player Email Address:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Grad Year:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **SAT: M** \_\_\_\_\_ **CR** \_\_\_\_\_ **W** \_\_\_\_\_ **ACT:** \_\_\_\_\_

**High School Coach Name:** \_\_\_\_\_

**High School Coach Contact Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**High School Coach Email Address:** \_\_\_\_\_

**Club Team Name:** \_\_\_\_\_

**Club Coach Name:** \_\_\_\_\_

**Club Coach Contact Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Club Coach Email Address:** \_\_\_\_\_

**\*This information will be given to the college coaches that attend camp, please complete information fully, neatly, and send back in with your other paperwork\***

**GEORGETOWN UNIVERSITY**  
**Summer Conference Programs**  
**Offices of Summer and Conference Housing and Campus Activities Facilities**

**Consent To Emergency Medical Treatment**

In the event that my child, \_\_\_\_\_, (participant), requires medical attention, I hereby authorize and consent to emergency medical treatment for my child/ward while participating in a summer conference program at Georgetown University. The program administrator or their designee has my permission, in an emergency if I cannot be contacted, to take my child/ward to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the wellbeing of my child/ward. I hereby authorize and consent to non-emergency minor first aid for my child/ward while enrolled as a participant in the Georgetown Summer Conference Program, as deemed necessary by the program administrator, counselors and/or Georgetown Emergency Response Medical staff (GERMS).

\_\_\_\_\_  
*Parent/Guardian (Please Print Name)*

\_\_\_\_\_  
*Parent/Guardian Signature*

*Date Address:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Phone: (Home)* \_\_\_\_\_  
*(Work)* \_\_\_\_\_  
*(Cell)* \_\_\_\_\_

