



# TOTAL Hockey Camp

**July 10-13, 2016**

**LOCATION:** Camp will be held on the campus of Lafayette College in Easton, PA. Athletes will be housed in dorms, and meals will be served in the campus Dining Hall. Hockey sessions will be played on Lafayette's AstroTurf facilities.

**COACHES:** Camp will be run by the Lafayette College coaching staff along with other international and club coaches.

**WHAT:** Camp Curriculum includes:  
\* Technical & Tactical Instruction  
\* Sports Psychology session  
\* Field Hockey specific Strength & Conditioning  
\* FUN!

**WHEN:** Sun, July 10th – Wed, July 13th, 2016  
Check-in approx 11am July 10th, Check-out approx 12pm July 13th.

**WHO:** Open to any and all participants.

**COST:** \$525 per OVERNIGHT camper. \$450 per DAY camper.

**PAYMENTS:** \$225 needed with initial registration.  
\$300 balance due by June 1st for overnight camper. \$225 balance for day camper.

**REFUND POLICY:** If an application is withdrawn for ANY reason prior to one week of the start of camp, you will receive a refund, less a \$250.00 processing fee. No refunds will be given within one week of the start of camp. No refunds will be given after the start of camp.

**QUESTIONS?:** Contact Emily Janis, [Janise@lafayette.edu](mailto:Janise@lafayette.edu), or Jennifer Stone, [stonej@lafayette.edu](mailto:stonej@lafayette.edu).



**TOTAL HOCKEY**  
**FIELD HOCKEY CAMP @ Lafayette College**  
**JULY 10-13, 2016**

**TO REGISTER:**

Please complete the following form and return with payment. A \$250 deposit is needed to secure your spot at camp. The remaining balance is due by June 1st, 2016. INCLUDE A PHOTOCOPY OF ATHLETE'S INSURANCE CARD IN REGISTRATION. \*Email Emily Janis to secure space ([janise@lafayette.edu](mailto:janise@lafayette.edu)).

**Checks payable to:** Tenstone LLC

**Send to:** Emily Janis, Lafayette College, Kirby Sports Center, Easton, PA 18042

**PLAYER REGISTRATION FORM**

Name: \_\_\_\_\_ HS Grad: \_\_\_\_\_ Age: \_\_\_\_\_ Position: \_\_\_\_\_

High School: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Player Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(\*Please list email that is checked. All future communication will come via email.)

DAY CAMPER: \_\_\_\_\_ (please check) RESIDENT CAMPER: \_\_\_\_\_ (please check)

Roommate preference (most rooms are doubles): \_\_\_\_\_

*\*we cannot guarantee roommate selections, but will do our best to accommodate requests.*

**EMERGENCY CONTACT INFORMATION:**

Parent's Name(s): \_\_\_\_\_

Parent's Cell Phone Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**LIABILITY/MEDICAL FORM**

It is necessary for all participants in summer sports camps to have their parents complete the following statement prior to participation.

List any allergies the camper may have and their treatment:

\_\_\_\_\_

List any medical conditions, recent illnesses or injuries that camper may have:

\_\_\_\_\_

List any medications the camper may be taking during camp. Please indicate whether the camper will need to have medications administered during camp hours. If so, please bring them to an athletic trainer at the site.

\_\_\_\_\_

I hereby certify that the applicant is in good physical condition to take part in the 2016 Total Hockey Camp at Lafayette College. If medical attention is required for illness or injury while attending the camp, I give my permission for such care and certify that the applicant is covered by our family medical insurance program. Lafayette College, Tenstone LLC, and staff members at the 2016 Total Hockey Camp are not responsible for and will not provide payment of any medical, dental, hospital or laboratory fees due to injury incurred while participating in the 2016 Total Hockey Camp.

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

**INSURANCE INFORMATION:**

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*\*\*PLEASE INCLUDE A PHOTO-COPY OF ATHLETE'S INSURANCE CARD WHEN SENDING IN REGISTRATION.**

**OFFICE USE ONLY:**

Day: \_\_\_\_\_ Resident: \_\_\_\_\_

Check no: \_\_\_\_\_ Paid in full: \_\_\_\_\_ Remaining Balance: \_\_\_\_\_ Ins Card: \_\_\_\_\_

Amount: \_\_\_\_\_

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