

Total Hockey **TEAM** Camp



July 6-9, 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 Astro turf facilities.
- COACHES:** Camp will be run by the Lafayette College coaching staff along with other international and club coaches.
- WHAT:** TEAM Camp Curriculum includes:
* Technical & Tactical Instruction
* Team Sports Psychology session
* Field Hockey specific Strength & Conditioning
* Team specific - What does your team need to be successful this fall?
- WHEN:** Wed, July 6th - Sat, July 9th, 2016
Check-in approx 11am July 6th. Check-out approx 12pm July 9th.
- WHO:** Team Camp - open to any and all participants.
- COST:** \$525 per overnight camper.
- PAYMENTS:** \$225 needed with initial registration.
\$300 balance due by June 1st.
- REFUND POLICY:** If an application is withdrawn for ANY reason prior to one week of the start of camp, you will receive a refund, less a \$250.00 processing fee.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, or Jennifer Stone, stonej@lafayette.edu.
- TO RESERVE:** Email Emily Janis prior to sending in registration form. (Same email as above) \$225 deposit and registration/medical form needed to secure space. Payment balance due by June 1st, 2016.



TOTAL HOCKEY TEAM CAMP
FIELD HOCKEY CAMP @ Lafayette College
JULY 6-9, 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).

Checks payable to: Tenstone LLC

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

TEAM CAMP - PLAYER REGISTRATION FORM

Name: _____ HS Grad: _____ Age: _____ Position: _____

TEAM NAME: _____

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: _____