### Bulldog Lacrosse Camps PO Box 992 Branford, CT 06405 Bulldoglacrossecamps@gmail.com

Congratulations! Your application for the Bulldog Camp at Yale University has been accepted. Elite Camp take place June 27-29, 2010 and Underbite Day Camp is July 6-9, 2010. Enclosed you will find additional information regarding the required parental release and health forms. Also included is a map of the area as well as a list of items you will need to bring to camp.

If you have any further questions or concerns, please contact director Anne Phillips 203-464-7391 or by email at <u>BulldogLacrosseCamps@gmail.com</u>. Lost forms can be found on the camp website <u>http://bulldoglacrossecamps.yolasite.com/</u>.

Have a great spring season; I look forward to seeing you this summer!

My Best,

Coach Chillips

Anne Phillips | Head Women's Lacrosse Coach | Yale University Bulldog Lacrosse Camp Director

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# **IMPORTANT INFORMATION**

#### Elite Camp Balance

Your camp balance of \$495 for elite overnight campers is due by June 20, 2010. Please make all checks payable to Bulldog Lacrosse LLC.

Your camp balance of \$415 for elite commuter campers is due by June 20, 2010. Please make all checks payable to Bulldog Lacrosse LLC.

#### Day Camp Balance

Your camp balance of \$425 for elite overnight campers is due by July 1, 2010. Please make all checks payable to Bulldog Lacrosse LLC.

#### Medical Forms

In order for the camp to provide the safest environment to compete in, the health forms must be completed by June 20, 2010. If this or any other form has not been mailed by June 20, please have them ready to be turned in upon check-in.

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# PARENTAL RELEASE

\_\_\_\_\_, give permission for (Parent or Guardian)

to attend and participate in (Name of Camper) the Bulldog Lacrosse Camp. I authorize the staff to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action. (PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT CAMP. THE DUTIES OF THE CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH A PRE-EXISTING MEDICAL CONDITION)

I hereby:

- 1. certify that, to the best of my knowledge, the medical information is complete and correct.
- 2. agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
- 3. agree not to hold the staff responsible for any injury sustained during camp and participation.
- 4. agree not to bring suit against the Bulldog Lacrosse LLC or Yale University for any injury sustained
- 5. agree to allow the Camp Director and Medical Staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
- 6. agree to accept any decisions made by the camp Director in the terminating attendance at camp due to unacceptable behavior.

Home Phone:	Cell Phone:
Emergency/alternate contact person:	
Home Phone:	Cell Phone:
US Lacrosse Membership #:	
Insurance Carrier:	
Policy #:	
Policy Holder's Name:	
(Signature of Parent)	(Date)

I,\_\_\_\_\_

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## **Packing List**

You must have the following equipment to play: Stick(s) Mouth guard Goggles Helmet, chinstrap and pads (for goalies only) Cleats or Turfs Tennis Shoes

ELITE CAMP (overnight) Linens Toiletries Towel Socks Sports Bra/Underwear Spandex Shorts **T-Shirts** Sweats/Warm Ups Flip-flops for shower Rain Gear **Bathing Suit** Sunscreen Fan Movies/Games

### DAY CAMP

Rain gear Extra practice shorts, tank tops, socks SUNSCREEN Sneakers Turf shoes Cleats

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### **Health Forms**

Please complete in FULL, including signature of physician, and returned no later than June 20, 2010. Camper WILL NOT BE ALLOWED to participate without the completed medical and parental release forms. Hand carry forms to check-in if they cannot be completed and received by June 27, 2010.

Camper's Last Name.	First.			
Home Address	_City_	_City_		
State Zip.	. Height.	. Weight.	.Age.	
Medical History (please circ German measles, measl	cle for "yes") les, mumps, scarlet fever, chicke	en pox, diabete	s, pneumonia	
Other:				
Immunization History (month/year)	Allergy History (yes/no)	Drug Reactions (yes/no)		
Small Pox Diptheria_ Tetanus Toxiod.	Hay Fever. Asthma _ Eczema _	Sulph Penic Antib	illin. iotic	
Polio	Hives	(Туре	t)_	

If medication will be taken during camp, indicate name of drug and dosage:

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations relating directly to the camper's ability to participate:

Insect Stings

I certify that the above-named individual is able to participate fully in the above-named activity, based on a physical examination within 12 months prior to said camp date.

(signature of physician)	(date
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e)

Tuberculin Test

(State) (Zip)

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# Check-In

#### Elite Camp

Check-in is on June 27th from 11:00-12:30pm at the dorms.

#### Day Camp

Check-in is on July 6th from 9:00-10:00am only. Check-in will take place at Yale University at the Smilow Field House. Directions to Yale University and a campus map can be found online at http://yalebulldogs.cstv.com/facilities/facsmilow.html

#### From Merritt and Wilbur Cross Parkways:

Take Exit 57 (Route 34 East) directly to the Yale Fields, or take Exit 59 (Whalley Avenue) and follow Yale Bowl Signs to the Yale Fields.

#### From I-95:

Take Eastbound Exit 44 or Westbound Exit 45 to Route 10 and follow Yale Bowl signs. Or, take Exit 47 (Downtown) and follow Route 34 to the Yale Fields.

#### From Downtown New Haven:

Go north on Chapel Street, then turn left on Derby Avenue (Route34) to the fields. From I-91: Take Exit 1 (Downtown) and follow Route 34 to the Yale Fields.

## Departure

Elite Camp will end by 3:00pm at the latest on June 29th. The schedule for the final day is determined by the team's record.

Day Camp will end by 3:00pm at the latest on July 9th. The schedule for the final day is determined by the team's record.