# 2010 Northwestern Field Hockey Camp

## Medical Form

Name:					Date of Birth:							
Address:						SS #:						
City	/State/Z	Zip:					Pho	ne:				
Emergency Contact:						Rela	tionshi	p:				
Eme	rgency	Phone:										
*	*	*	*	*	*	*	*	*	*	*	*	

## Medical Information

Do you currently have or have you ever had any of the following?

Heart murmurs	Y / N	Epilepsy Y / N	Diabetes Y	Y / N	Asthma	Y / N
Allergies	Y / N	Surgery Y/N	Insect stings	Y / N	Inhalers	Y / N
Heat Exhaustio	n Y / N	Fractures Y / N	Medications	Y /N	Sprains	Y / N

If you answered YES to any of the above, please explain:

Have you ever sustained a head or spinal injury? Have you ever lost consciousness? If Yes, please explain

## **Physical Information**

Vaccinations: (please give dates of administration) T/Booster: \_\_\_\_Measles: \_\_\_\_Mumps: \_\_\_\_\_

I certify that I have reviewed the medical history and status of the person above, and certify that she has no medical problems that restrict her from participation in vigorous physical activity while at Northwestern Field Hockey Camp.

Physicians Name:			Phone:			
Physicians Signature:			Date:			
** A signed copy of a school p than 1 year prior to the start of * * * * * *	f camp will d	also be acc	ented.			
Ι	nsurance	Informa	ation:			
Policy Holder		SSN	:			
Policy Holder DOB	l	Relation to	camper:			
Insurance Co:		Claim	office phon	e:		
Name of group employer:						
Claim office address:						
Policy # Grou	p#	I	D#			
Policy Holder Signature:					_	

#### **Medical Release:**

\_\_\_\_\_, is enrolling in Northwestern Field My daughter. Hockey Camp. My child's physical condition in no way should limit or hinder participation in camp activities, other than noted above. During the time my child is at your camp, if any emergency arises involving the well being of my child, I give you full permission and authority to take such steps as are reasonable and necessary, in your own judgment, to protect and assist my child, and I release you from all responsibility for such action. I agree that I will pay any hospital expenses, doctor bills or any other expenses that may be incurred as a result of treatment given to my child for illness or injury, while attending your camp. I make this statement and commitment as consideration for your allowing my child to be enrolled in your camp and to take part in all activities. Finally, I and my successors, heirs, assigns, and executors agree to save and hold harmless Niner Sports, L. L. C. and Northwestern University, including their staff of coaches, managers, officers, and directors from any and all claims of loss or damage from any injury, illness, or other condition from any cause arising from my child's participation in Northwestern Field Hockey event.

Signature of Parent/Guardian:	 Date:	

# 2010 Northwestern Field Hockey Camp

## **Information:**

### **Individual and Team Camps:**

July 5-8<sup>th</sup> – 9 sessions – Open to grades 6-12

- Check in will be between 12-1:00 pm
- All sessions will take place on the turf at Leonard B Thomas Athletic Complex
- Check out will be at 11:00 am (no lunch on last day!)
- Commuters should be dropped off at 8:30 am and 8:30 pm daily (except for check-in/out)
- Commuters will eat lunch and dinner on site
- Residents will eat all meals on site

### Elite Camp:

July 8-11<sup>th</sup> – 8 sessions –Open to grades 9<sup>th</sup>-12

\*Designed for those with a desire to play at collegiate level

- Check in will be between 3-4:00 pm
- All sessions will take place on the turf at Leonard B Thomas Athletic Complex
- Check out will be at 11:00 am (no lunch on last day!)
- Commuters should be dropped off at 8:30 am and 8:30 pm daily (except for check-in/out)
- Commuters will eat lunch and dinner on site
- Residents will eat all meals on site

#### **Directions to Northwestern:**

<u>From the North via 94:</u> 94S to Old Orchard. East on Old Orchard to Gross Pointe Rd. North on Gross Pointe Rd to Central Street. East on Central Street to Sheridan Rd. South on Sheridan to Lincoln. East on Lincoln, Lincoln becomes Campus Dr. (It is easier to access Bobb-McCulloch dormitory from the building's east side off of Campus Drive.

From the South via 94: North to Old Orchard. See directions from East on Old Orchard above

<u>From the West via 294:</u> 294 to Dempster to Potter (1<sup>st</sup> light) North on Potter to Golf Rd. Golf Rd East. North on McCormick. North on Green Bay. East on Central. (see above)

From the South via Lakeshore: Lakeshore North to Sheridan. Sheridan winds around through South Evanston but is clearly marked. You will drive through campus. Take Sheridan North to Lincoln. East on Lincoln, Lincoln becomes Campus Dr. Addresses:

#### Dormitory: Bobb Mc-McCulloch – 2305 Sheridan Rd, Evanston, IL 60201

Field: Leonard B. Thomas Athletic Complex, 2247 Campus Dr., Evanston, IL 60201

## **Daily Schedule:**

## July 5-8th camp

## Elite Camp July 8-11<sup>th</sup>

<u>Day 1:</u> 12:00 pm 2:00 -4:00 pm	Check in Session 1	<u>Day 1</u> : 3:00-4:00 pm	Check in
4:30-5:30 pm	Dinner	4:30-5:30 pm	Dinner
6:00-9:00 pm	Session 2	6:00-9:00 pm	Session 1
Day 2 & 3 7:30-8:30 am 8:45-11:15 am 11:30-12:30 pm 1:30-3:45 pm 4:30-5:30 pm 6:00-9:00 pm	Breakfast Session 3 & 6 Lunch Session 4 & 7 Dinner Session 5 & 8	Day 2 & 3: 7:30-8:30 am 8:45-11:15 am 11:30-12:30 pm 1:30 – 3:45 pm 4:30-5:30 pm 6:00-9:00 pm	Breakfast Session 2 & 5 Lunch Session 3 & 6 Dinner Session 4 & 7
<u>Day 4</u> : 7:30-8:30 am 8:45-11:00 am 11:00 am 11:15-12:00	Breakfast Session 9 Camp wrap up Check out (Bobb-McCulloch Dorm)	<u>Day 3:</u> 7:30-8:30 am 8:45-11:00 am 11:00 am 11:15 am	Breakfast Session 8 Camp ends Check out

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## WHAT TO BRING TO CAMP:

#### REQUIRED:

- MEDICAL FORM
- KEY DEPOSIT (RESIDENTS ONLY SEE BELOW)
- TOWEL (linens are provided)
- AUTOMOBILE RELEASE FORM (FOR COMMUTER/RESIDENT CAMPERS DRIVING)

#### GEAR:

- STICK, SHINGUARDS, MOUTHGUARD, RUNNING/TRAINING SHOES (NO CLEATS)
- GOALKEEPERS MUST BRING THEIR OWN EQUIPMENT
- WATER BOTTLE
- TOWEL (linens are provided)

#### **RESIDENT CAMPERS:**

\$200 Key Deposit – Northwestern has a 3 key security system to ensure the safety of its students. The University requires a \$200 lost key deposit to help cover the cost of replacement. This must be a **SEPARATE** Check, made payable to **NORTHWESTERN UNIVERSITY.** We will return the check to you at check out when your keys are returned.

#### **PARKING:**

Commuting and Resident Athletes driving to camp will be directed to the appropriate lot at registration. Purchase of a temporary permit at \$7 per day (except Sat/Sun) will be required at check-in Contact April Fronzoni at <u>a-fronzoni@northwestern.edu</u> to secure a pass in advance. Keys must be left with camp personnel until check-out.

#### AIRPORT:

Athletes must provide their own transportation to and from camp. The following are shuttles that we recommend: Continental Airport Express, call (773) 247-1200 or 888-284-3826

Athletes may also take a cab to the Dormitory

#### CAMP STORE:

Campers will be able to purchase snacks, merchandise, drink and pizza throughout camp

#### **CONTACT INFORMATION:**

Camp Director:	Tracey Fuchs	tfuchs@northwestern.edu	cell:	847-845-2386
Assistant Director:	Carla Tagliente	c-tagliente@northwestern.edu	cell:	847-845-3022
Assistant Director:	April Fronzoni	a-fronzoni@northwestern.edu	cell:	734-330-5876

#### CAMPUS MAP:

A Campus map can be printed at : www.northwestern.edu/visiting/maps