

Dear Camper,

Welcome to Penn Lacrosse Winter Camp! We are excited to help you improve your game and bring it to the next level for your upcoming spring season.

Included in this packet:

- ⇒ Directions to Penn Park and Parking Info
- ⇒ a list of what to bring
- ⇒ camp schedule
- ⇒ **Parental Release Form**
- ⇒ **Health Form (REQUIRES A PHYSICIAN'S SIGNATURE):** Please send these back to us by December 3. The fax number is 215.898.2062.

Both the parental release form and the health form with physician's signature are required – you cannot participate in camp without them.

Check-In/Check-Out:

Camp Check-in: 8:00 am on Saturday, December 8th in the Dunning Cohen Champions Field (the bubble), located in Penn Park. The GPS address is 100 South 31st Street, Philadelphia, PA 19104.

Camp Check-out: 8:30 pm on Saturday, December 8th at the Dunning-Cohen Champions Field (the bubble), located in Penn Park. The GPS address is 100 31st Street, Philadelphia, PA, 19104.

Parking: There is a visitor parking lot adjacent to Penn Park. Please note that there is a parking kiosk at this lot that requires payment to park. It's reasonable –\$13 for the day. The best way to access this parking lot is to come down Chestnut Street and to turn right at the light at 31st Street. Follow this road straight into the parking lot at Penn Park. To GPS this location, please use 100 31st Street, Philadelphia, PA.

What to Bring: Though we will be indoors, you should still bring sweatpants, sweatshirts, long sleeves, and warm clothing in addition to shorts and t-shirts. We will play on a field turf surface, so you can use cleats or turf shoes. Remember to bring your own stick, goggles, mouth guard, and water bottle. **LUNCH AND DINNER WILL BE PROVIDED.**

If you have any questions or concerns, please email Kerri Whitaker at kerriwh@upenn.edu .

We look forward to seeing you at camp!

The Penn Lacrosse Winter Camp Staff

Camp Schedule:

SATURDAY

- 8:00 am check in at Dunning-Cohen Champions Field in Penn Park
- 8:30 - 11:30 Morning Skills Session
- **LUNCH – PROVIDED FOR ALL CAMPERS**
- 2:00 – 4:00 Afternoon Practice Session
- **DINNER – PROVIDED FOR ALL CAMPERS**
- 6:00 - 8:30 Evening Session / Games
- 8:30 pm Camp Concludes at Dunning-Cohen Champions Field (the bubble)
in Penn Park

PARENTAL RELEASE FORM

This form must be completed in FULL, including signature of Parent or Guardian, and faxed or mailed in by December 3, 2018. Campers will not be allowed to participate without both the Parental Release and Health Form completed in full.

Camper's Name:

EMERGENCY CONTACT INFORMATION

Print Emergency Contacts and Phone Numbers:

1. Name: _____ Relation: _____

Phone Number (____) _____ Home/Work/Cell?

Phone Number (____) _____ Home/Work/Cell?

Email: _____

2. Name: _____ Relation: _____

Phone Number (____) _____ Home/Work/Cell?

Phone Number (____) _____ Home/Work/Cell?

Email: _____

HEALTH INSURANCE

Health Insurance Provider _____

Policy/Plan Number _____

Address of insurance company _____

Phone # of insurance company _____

Name of subscriber to the policy or plan: _____

Relation to athlete _____

I, _____ agree to accept full financial responsibility for necessary medical treatment for _____ while at the Penn Lacrosse Camp at the University of Pennsylvania.

Print name: _____ Date: _____

Signature: _____ () Parent () Guardian

HEALTH FORM

This form must be completed in FULL, including signature of a physician, and faxed or mailed in December 3, 2018.

A copy of a camper's school physical, including immunization history and a doctor's signature, may be substituted in lieu of this form if the physical was performed within 12 months prior to the camp start date. Campers will not be allowed to participate without both Parental Release and Health form completed in full.

Camp Name: _____ Date of camp: _____

Camper's Name: _____ Sex: _____ Age: _____
(Last Name) (First Name)

Height: _____ Weight: _____

Medical History (please check for "yes")

German Measles Measles Mumps Scarlet Fever
Chicken Pox
Diabetes Pneumonia Other: _____

Immunization History

Allergy History

Drug Reactions

	Mo./Yr.		Yes	No		Yes	No
Diphtheria	_____	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Sulpha	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Toxoid	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Polio Vaccine	_____	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculin Test	_____	Hives	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____		
Measles	_____	Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>			

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 participant's ability to participate in the camp for six or more hours per day:

(Attach additional sheets if necessary)

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

(Signature of Physician) (Date)

(Street Address) (City) (State) (Zip)