



# Lax Skills Clinic

at

# BROWN UNIVERSITY

August 16<sup>th</sup>



Confirmation Packet



## **Welcome to the infinity camp experience!**

You have registered for an incredible day of lacrosse, competition and learning. We are glad that you chose the infinity experience – the countdown is on!

All details and information can also be found on [www.infinitycamps.com](http://www.infinitycamps.com)

This packet includes all the details that you will need to know for camp on: directions, registration, what to bring, and the health forms.

### **TO DO BEFORE CAMP:**

- ✓ Email [infinitycamps@aol.com](mailto:infinitycamps@aol.com) if you have any questions.
- ✓ Make sure you have everything you need on the “what to bring list.”
- ✓ Print out and fill out the health form and parental release form. You will need a physician’s signature.
- ✓ Have an awesome 2009 spring season to prepare you for the ultimate camp experience.

### **REGISTRATION CHECK LIST:**

- ✓ Signed (by parent or guardian) Parental Release Form
- ✓ Signed (by physician) Health Form (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.)
- ✓ Excitement for camp!



## CAMP DETAILS AND REMINDERS

**CONTACT INFORMATION:** [WWW.INFINITYCAMPS.COM](http://WWW.INFINITYCAMPS.COM)

Infinity Sports Camps - Box 2623 Providence, RI 02906 – [infinitycamps@aol.com](mailto:infinitycamps@aol.com) - 401.369.3215 phone  
– 401-863-7516 fax – [www.brownbears.com](http://www.brownbears.com)

**CAMP MISSION:** Infinity Sports Camps and the Brown University Staff show each player that her game has infinite possibilities by teaching her the latest skills, encouraging her to take the risks to get to the next level and requiring that she has fun with the game. ---Learn how to play beyond your imagination. You have infinite potential!

**CAMP DIRECTORS:** Keely McDonald, Brown Head Coach, Brown '00 – Caitlin Powderly, Brown Assistant Coach, UNE '04

**CAMP STAFF:** The camp staff will include the Brown University Staff and Brown University players.

**CANCELLATION POLICY:** All requests for cancellations must be sent in writing through email or fax. All monies will be refunded, except for a \$25.00 processing fee, provided cancellation arrives at least two weeks prior to the start of camp. No refunds will be given less than two weeks before the start of camp

**MEDICAL CARE:** A certified athletic trainer will be on hand to assist with taping and minor injuries. You should come to camp ready to participate. Emergency medical facilities are near by. Included in the camp confirmation packet is a health form that must be signed by a physician prior to the start of camp. You can download this form at [www.brownbears.com](http://www.brownbears.com).

**FACILITIES:** The Brown Lax Skills Clinic is held at one of the best and most beautiful college campuses in the country, Brown University. Campers will play at the field turf fields located behind the Olney Margolies Athletic Center at Brown. The address for using MapQuest or other resources is 235 Hope St. Providence, RI 02912.



# Parental Release Form

## Please do not mail or fax this form in!

This form is to be completed in FULL, including signature of Parent or Guardian, and brought to check-in- DO NOT MAIL OR FAX THIS FORM IN. Campers will NOT BE ALLOWED to participate without both Parental Release and Health Forms completed in full. If attending multiple camps, please make copies of both forms and bring a separate copy to each check-in.

Camper's Name \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to attend and  
(Parent or Guardian) (Name of camper)

participate in the Infinity Sports Camps \_\_\_\_\_  
(Name of camp) (Date of camp)

I authorize the staff of the camp 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 CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH A PRE-EXISTING 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 participation.
4. agree not to bring suit against Infinity Sports Camps staff or Infinity Sports Camps for any injury sustained.
5. agree to allow the Camp Director 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 terminating attendance due to unacceptable behavior.

I can be reached by phone during the day at: \_\_\_\_\_ and in the evening at: \_\_\_\_\_

Alternate emergency contact person: \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

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

Policy Holder's Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)



# Health Form

Please do not mail or fax this form in!

This form must be completed in FULL, including signature of physician, and presented at check-in- DO NOT MAIL OR FAX THIS FORM IN. 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 Forms completed in full. If attending multiple camps, please make copies of both forms and bring a separate copy to each check-in.

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

(Mo/Yr)  
Small Pox Vaccine \_\_\_\_\_  
Diphtheria \_\_\_\_\_  
Tetanus Toxoid \_\_\_\_\_  
Polio Vaccine \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_  
Measles \_\_\_\_\_

### Allergy History

Yes No  
Hay Fever \_\_\_\_\_  
Asthma \_\_\_\_\_  
Eczema \_\_\_\_\_  
Hives \_\_\_\_\_  
Insect Stings \_\_\_\_\_

### Drug Reactions

Yes No  
Sulpha \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Antibiotic \_\_\_\_\_  
Type: \_\_\_\_\_  
\_\_\_\_\_

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 sheet 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)



## **TRANSPORTATION INFORMATION**

### **BY CAR -**

#### **From the South:**

95 North to Route 195 East. Take Exit 2 – Wickenden Street. Turn left at bottom of the ramp. Follow up Wickenden Street through two lights to a stop sign. Make a left at the stop sign onto Hope St. Follow Hope St. through 2 lights and the Brown Athletic Facilities will be on your right at Bowen St. Registration will take place at the Olney Margolies Athletic Center (OMAC).

#### **From the North:**

95 South to Exit 24 - Branch Avenue. Turn left onto Branch Avenue. Turn right onto North Main Street. Follow 1/2 mile and turn left onto Olney Street (you will see Brown University and RISD signs). Turn right at stop sign on to Hope Street. Bear left at the fork in the road. Athletics facilities will be on your left. Registration will take place at the Olney Margolies Athletic Center (OMAC).

#### **From the East:**

Route 195 West. Take Exit 3 – Gano Street. Turn right at bottom of the ramp. Follow up Gano Street approx. 2 miles to Lloyd Street. Turn left at stop sign onto Lloyd. Follow up 1/2 mile to Hope Street. Turn left onto Hope Street. Athletics facilities are on your left. Registration will take place at the Olney Margolies Athletic Center (OMAC).

## **REGISTRATION INFORMATION**

Registration will take place from 1:15pm to 2:00pm on August 16<sup>th</sup>. Registration will be at the fields located behind the OMAC building.

*OMAC  
235 Hope St  
Providence, RI 02912*

**Bring your Health Form and Parental Release Form to registration – do not mail in.** Campers will not be able to participate in camp with out the proper, *signed* forms.

### **WHAT TO BRING:**

Lacrosse Stick  
Goggles  
Mouthguard  
Cleats  
Sneakers/ Turf Shoes