

REGISTRATION FOR **ULTIMATE SQUASH** CAMPS

2010

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Dear Parent(s) or Guardian(s):

This package contains all the registration forms you will need to complete your registration process for Ultimate Squash. **Please bring all forms with you to registration.** If your child does not have all of his/her forms, he/she will not be allowed to participate in camp until all forms are submitted. If your child is coming for multiple sessions (even if not in sequence), you only need to submit forms once for the entire summer. These forms are critical for the State of Connecticut camp licensing, as well as for Choate and Yale University.

Medical Form: There is a medical form included in this packet. You may submit a medical form provided by your doctor's office (school or camp forms are both fine) in place of the one provided, however, it must be signed and dated by your child's physician. The form **MUST** include an immunization record.

Please note – completed medical forms must be returned even if your child has attended Ultimate Squash before. Medical forms are good for three years from the date of the exam and a Xerox copy would be acceptable. Also, please provide a copy of your child's insurance card (both front and back).

Authorization of the Administration of Medicine: If your child takes any medicine, please fill out this form. The camp doctor will review this form with your child (and with you, if you are present for registration). All medicine is safely kept by either the doctor or trainer on call. Players may not have any medicine in their possession at camp. Please label all medicine(s) with your child's name.

Other forms to be completed and brought with the camper to registration:

- Emergency contact information
- Photo release form
- Camp Code of Conduct
- Off-site activities
- Yale waiver form

Packing List

1. Racquet(s) and squash glasses
2. Non-marking sneakers-please be sure that the player has broken in any new squash shoes prior to coming to camp
3. 2-3 changes squash clothing for each day
4. Street clothing for evenings
5. Towel(s) in the event that players want to shower at the gym in between sessions
6. Toiletries

*****Special packing instructions for Choate overnight sessions:**

Please bring linens for a regular size twin bed, a blanket, towels, and pillow. If you are travelling from far away, please let Rebecca Martin know and she will get bedding.

Spending money:

It is recommended that players bring no more than \$125.00 for spending money for evening activities for the session. Players that are staying over the weekend should bring additional funds for weekend activities.

Room mate requests:

If you have a room mate request, please email Rebecca no later than two weeks prior to the start of the session(s) you will be attending. Rooming requests must be requested by both parents/guardians. Ultimate Squash will try to accommodate rooming requests.

Arrival/Departure:

Specific arrival and departure information for camp will be sent to you in early May. Camp registration begins at 2pm on the Sunday of the session. Camp ends at 12noon on Friday.

If you require transportation to/from the bus, train or airport, please notify Rebecca at least two-three weeks prior to the session(s) you are attending to make arrangements. Ultimate Squash partners with Kiddie Kabz, a fully insured car service, for transportation.

If you have any questions or need additional information regarding registration, please contact Rebecca at 203-215-6410 or via email at rebecca@ultimatesquash.com or me at 203-927-0450 or via email at gareth@ultimatesquash.com.

See you at the courts!

Gareth Webber

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Squash information:

What was your end of the season ranking, if applicable? _____

Who is your coach? _____

Do you play for your school? _____

If so, which school? _____

CAMP CODE OF CONDUCT

- RESPECT AT ALL TIMES COACHES AND OTHER PLAYERS - TREAT **EVERYONE** THE WAY YOU WANT TO BE TREATED
- RESPECT SQUASH FACILITY, PICK UP AFTER YOURSELF AND USE TRASH CANS – END OF DAY EVERYONE TO GO ROUND COLLECT ANY TRASH AND SQUASH BALLS
- NOBODY LEAVES SQUASH FACILITY WITHOUT PRIOR PERMISSION FROM CAMP STAFF
- ON TRIPS, ACT SENSIBLY – YOU REPRESENT ULTIMATE SQUASH
- EYEWEAR **MUST** BE WORN ON COURT ALWAYS
- IF RESIDENT: RESPECT OTHER HOTEL GUESTS, KEEP NOISE TO A MINIMUM
- IF RESIDENT: BRING SHOWER GEAR TO COURTS FOR END OF DAY
- IF RESIDENT: **DO NOT** LEAVE HOTEL UNLESS MEMBER OF CAMP STAFF IS WITH YOU
- IF RESIDENT: **DO NOT** LEAVE THE HOTEL AFTER DARK
- IF RESIDENT: BREAKFAST MONDAY – FRIDAY 7.30AM – 8.15AM
- WHEN ON VAN (FOR EVENING OUTINGS), CAMPER MUST BE SEATED AT ALL TIMES AND RESPECT THE DRIVER

I UNDERSTAND AND AGREE TO COMPLY WITH THE CODE OF CONDUCT FOR ULTIMATE SQUASH. IF I DO NOT COMPLY WITH THE ABOVE RULES FULLY, I UNDERSTAND THAT MY PARENT(S) WILL BE CALLED IMMEDIATELY AND THAT I WILL RISK BEING SENT HOME IMMEDIATELY.

SIGNATURE OF PLAYER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

2010 EMERGENCY CONTACT INFORMATION

Child's First & Last Name: _____

Session # _____

Mother/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father/Guardian's First & Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

AUTHORIZATION FOR PICK-UP:

The following additional people are authorized to pick up my child from Ultimate Squash

Name: _____ Home #: _____ Cell#: _____

Name: _____ Home #: _____ Cell#: _____

Photography Release

Ultimate Squash's senior photographer, Dale Walker, and her staff can photograph and video my son/daughter _____ during Ultimate Squash camp. These images may be used on the website and in brochures for the camps, clinics and tournaments.

Signature parent/guardian

OFF-SITE ACTIVITIES FORM

(To be completed by Parent/Guardian)

Camper's Name: _____

Name of Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

In an emergency, Please contact:

Name: _____ Phone _____

I _____ give permission for my

son/daughter _____ to be taken off site

to participate in recreational activities in the evening while attending

Ultimate Squash Camps. Ultimate Squash Camp Staff will accompany all travel and activities.

Signature of Parent/Guardian _____ Date: _____

YALE UNIVERSITY

Exhibit B
YALE UNIVERSITY
Assumption of Risk and Waiver

I, _____ will participate in the
ULTIMATE SQUASH.LLC located at Yale University.

I hereby acknowledge that I have voluntarily and freely elected to participate in this camp and that I am not required to do so. I understand and agree that Yale University and/or its representatives assume no liability in the event of accident or illness, nor for damage or injury to person or property or any nature whatsoever. I voluntarily and freely assume all risk of accident, injury, illness, or damage to or loss of property. Yale University shall not be responsible to any person for any of my acts or omissions.

I agree to release, indemnify and hold harmless Yale University from and against any claim which I, my parents or guardian or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in the ULTIMATE SQUASH.LLC.

Signature of Participant

Date

If Participant is under 18 years of age:

Name of Participant's Parent or Guardian

Signature of Participant's Parent or Guardian

Date

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____

EXHIBIT B
PARTICIPANT HOLD HARMLESS AND
ASSUMPTION OF RISK AGREEMENT
*****READ BEFORE SIGNING*****

Participant Name: _____ Age: _____

In consideration of being allowed to participate in any way in _____(Camp) related events and activities (the "Program"), I, the undersigned, acknowledge, appreciate and agree that:

1. The inherent risk of injury from the activities involved in the Program can be significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Yale University and each of its officers, officials, agents, and/or employees (collectively, "Releasees") from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, arising out of or in connection with my participation in the Program, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Participant Signature

Date

For parents/guardians of a participant of minor age
(under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name (Please Print)

Emergency Phone Number(s)

Parent/Guardian Signature

Date