



June 18<sup>th</sup> – 22<sup>nd</sup>, 2011

## PROGRAM DESCRIPTION

Hello Everyone: Welcome to the 2011 High Altitude Elite Girls Hockey Camp! Our staff is excited and anxiously awaits your arrival to the beautiful University of Colorado campus and our Rocky mountain state.

This document will highlight registration, arrival and departure information. Also, a packing list, maps, camp and campus rules, parental consent form, medical treatment and medical history forms, waiver of liability, and photo consent form will be detailed.

**YOU MUST SIGN AND FAX THE 3 FORMS BELOW THAT REQUIRE SIGNATURES TO: 303-409-2229 OR YOU MUST PRINT, SIGN AND BRING THEM WITH YOU TO REGISTRATION. (All required, signed forms must be on file before you will be allowed to participate...must be signed by parent/guardian if under 18)**

### **Directions to University of Colorado at Boulder:**

Directions can be found at: <http://www.colorado.edu/visit/planning.html>.

Registration/check-in and boarding will take place on CU Campus (Location TBA: Libby or Sewall Hall)

**Registration will be held from 1:00 – 2:30 pm on June 18th, 2011 NOTE: Intro to Camp Meeting will Follow at 2:45 pm, with a 1<sup>st</sup> Ice session to follow immediately. Please be prompt for Registration.**

**Camp Arrivals: NOTE\*\* Do not make non-refundable travel arrangements until you have received an acceptance email and have been notified that the camp is filled.**

#### **Flying**

\_ If you are flying into Denver International (DEN is the airport code) and need ground transportation to CU, Boulder...Please email the following information:

Your Name

Your Flight # and Airline (ex. UA 7688)

Your itinerary showing connections and arrival times

**The Cell Phone # with which you will travel**

Required Arrival and Departure times: **Plan to arrive at Denver Int. Airport no later than 12:00pm on Saturday, and choose a departure time on Wed. at or after 3:00pm**

Send information to: **Heather at: [csghaicemom@gmail.com](mailto:csghaicemom@gmail.com)**

Upon arrival, proceed to baggage area where you will be greeted and transported by a camp representative. (A short wait may be necessary)

Questions upon arrival: Please call Heather at 303-618-6804

#### **Driving**

\_ If you are driving directly to CU, please email Heather: [csghaicemom@gmail.com](mailto:csghaicemom@gmail.com): Your Name, Arrival Time, Transportation Arrangements (ie. Parent).

Proceed to the dorm (To Be Announced) for Check - In

A weekly Parking pass may be purchased on a campus for a \$25 fee.

\*\*\*If you are driving yourself, you will not be allowed to drive any other camp participant home upon the completion of the camp, unless we have prior, explicit instructions from that camper's parent(s).

**What to Bring to Camp: (NOTE: ALL ROOMS EQUIPPED WITH MINI FRIDGE)**

**We encourage you to bring only the necessities. We are not responsible for any loss including but no limited to loss of: electronics: (computers, ipods, phones, etc), jewelry, cash. Rooms do not contain a safe or “lock box”. Locking your room is your responsibility!**

### **All Players Must Bring:**

- All Hockey gear & Hockey socks
- You will receive a HAEGHC jersey
- Make sure that your skates are sharp & in good condition
- Sticks (Min. 2)
- Extra laces (ALL GEAR STORED IN RINK)
- Hockey Tape
- Mouth guard & Neck Guard
- (No Pro-shop at facility so come prepared)
- Plenty of socks (dry feet are happy feet)
- Second skin, blister pads, band-aids
- T-shirts
- Shorts
- Running shoes
- Hat/ Sunscreen/ hair ties/Chap stick
- Hoody or sweats
- Water Bottle (**Outside faucet water is not potable**)
- Personal medications as required (in original, clearly marked container)
- Toiletries and personal hygiene items
- **Spending \$ for skate sharpening, (available for \$7) and CU Bookstore visit! Enthusiasm and Great Attitude!**

### **Suggested Items:**

- Extra bath towel (one set is provided)
- Shower shoes
- Notepad and pen
- Fan for room
- Chap stick
- Alarm clock
- Snacks
  
- Cell phones are allowed but will have restricted usage during camp!
- No Internet

### **What NOT to Pack:**

- Bedding (this is provided by the camp)  
We cannot be responsible for lost items; please leave small, unnecessary, valuables at home!

### **Camp Rules:**

It is a privilege to use the facilities at CU and we are fortunate to be one of the few non-CU programs to be held on this beautiful campus. It is everyone's responsibility to be respectful of this environment, and be mindful of your behavior. Remember, college scouts and coaches on and off the ice are watching you. Further, all HAGHC staff/counselors and participants must treat all University of Colorado staff courteously.

The importance of a player's growth and development is an integral part of a player's future in hockey. We have rules and regulations that we expect all participants to honor. Among these are: adherence to curfew, and respect for self and others. There will be "0" tolerance for alcohol, tobacco products or weapons of any kind! Failure to adhere to this rule will result in dismissal from the HAGHC at the participant's expense.

HAGHC Staff must authorize room or roommate switches.

Rooms are to be left in the same condition as at check-in, tidy and with furniture returned to the original locations. The use of glitter, balloons, confetti, etc. is prohibited. Cost of damages and/or the cost of extra cleaning beyond normal wear-and tear will be charged to HAGHC and passed on to the participant.

Skates, roller blades, or Heelies may not be worn inside the Residence and/or Dining Halls.

Sports equipment: balls, pucks, sticks, etc. must NOT be used in the Residence and/or Dining Halls. All damages to CU property will be charged to HAGHC and then passed to the participant.

**DO NOT FILL WATER BOTTLES FROM OUTSIDE FAUCETS!! CU OUTDOOR FAUCETS DO NOT HAVE POTABLE WATER!!**

The participant for any lost room key will incur an \$85.00 key charge! This is the fee charged by CU to re-key a room.

After registration/check-in and for the duration of the camp, no HAEGHC participant will be allowed to leave the CU campus.

**Camp Departure:** You may depart after your final game. Check out; return keys to your counselor.

**Schedule:** A day schedule and Team assignment will be given to you at registration

**Print, Sign and Bring this Form to Registration or Fax Signed form to 303-409-2229**

**Waiver of Liability**

**Parent or Player Consent Form**

**(Must be filled out by parent if player is under 18 yrs of age)**

I have read the complete program description; camps rules and agree to the terms as described therein. I certify that all the guidelines and answers on the application have been answered correctly and I understand that my child/I will provide their/my own skates and equipment.

Name of Player: (print) \_\_\_\_\_

Relationship (if other than you) \_\_\_\_\_

I, (print) \_\_\_\_\_ hereby accept the terms of this application and registration and agree to release Colorado Select Girls Hockey Association and representatives, High Altitude Elite Girls Hockey Camp principals and representatives, and all University of Colorado at Boulder principals and representatives from all claims, actions, causes of actions and damages by the undersigned person for loss or injury resulting directly or indirectly from participation of the above person in this program. I further agree to indemnify and hold harmless such parties from all claims, actions, damages, or demands, including costs and expenses incurred in defending any such claims or actions.

Signatures required:

Player \_\_\_\_\_ Date: \_\_\_\_\_

Parent \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release for Treatment**

If in the event that the participant \_\_\_\_\_ is injured during the absence of parent or legal guardian during the High Altitude Elite Girls Hockey Camp, consider this my written permission to have myself/my child admitted and attended to for medical or dental treatment in case of sickness or injury. I hereby give my permission for the person in charge to seek medical attention. I have read and understand this is a full and final release of all claims for injury and damages sustained in this program and understand the responsibilities assumed thereunder.  
(Parent /Legal Guardian must sign if participant is under 18 years of age)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent if less than 18)

**Photo Consent Release**

I hereby give High Altitude Elite Girls Hockey Camp permission to use any photos taken during the HAEGHC. This includes photos taken for the purpose of future training manuals, camp advertising, or other camp related matters.

Player signature \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_

**Print, Sign and Bring This Form to Registration or Fax Signed Form to: 303-409-2229**

**Risk Warning, Assumption of Risk, Liability Release, Indemnity and Hold Harmless Agreement:**

**Please Read Carefully Before Signing.**

**This is a Release of Liability and Waiver of Certain Legal Rights**

The person who is playing hockey at Colorado University at Boulder shall be referred to hereinafter as "PARTICIPANT". "The Undersigned" means only the PARTICIPANT when the PARTICIPANT is age 18 or older OR it means both the PARTICIPANT and the PARTICIPANT'S parent or legal guardian when the PARTICIPANT is under the age of 18. The UNDERSIGNED agree and understand that Ice Hockey (hereinafter the "Activity") can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY OR DEATH.

The UNDERSIGNED agree and understand that there are risks associated with strenuous physical exertion and with participating in the ACTIVITY and that falls, injuries and or death may result from engaging in the ACTIVITY. THE UNDERSIGNED agree and understand that risks include, but are not limited to: equipment failure, varying surface and conditions, debris, the condition of the PARTICIPANT, dehydration and high elevation.

In Consideration for allowing the PARTICIPANT to participate in the ACTIVITY, the UNDERSIGNED hereby ASSUME ALL RISKS associated with participation in the ACTIVITY. Additionally, the UNDERSIGNED AGREE TO HOLD HARMLESS, RELEASE, DEFEND AND INDEMNIFY HAEGHC AND CU, its affiliated organizations and companies, and each of their respective insurance carriers, agents, employees, representatives, assignees, officers, directors, and shareholders (each hereinafter a "RELEASED PARTY") FOR ANY AND ALL LIABILITY and or claims for injury or death to persons or damage to property arising from the PARTICIPANT'S participation in the ACTIVITY, **including those claims based on any released party's alleged or actual negligence or breach of any express or implied WARRANTY.**

THE UNDERSIGNED take full responsibility for any injury or loss to PARTICIPANT, including death, which PARTICIPANT may suffer, arising in whole or in part out of the ACTIVITY. By signing this release, the UNDERSIGNED AGREE NOT TO SUE any RELEASED PARTY and agree they are releasing any right to make a claim or file a lawsuit against any RELEASED PARTY. THE UNDERSIGNED further AGREE TO DEFEND AND INDEMNIFY each RELEASED PARTY for any and all claims of the UNDERSIGNED and/or a THIRD PARTY arising in whole or in part from the PARTICIPANT'S participation in the ACTIVITY. THE UNDERSIGNED agree to pay all costs and attorney's fees incurred by any RELEASED PARTY in defending a claim or suit brought by or on behalf of THE UNDERSIGNED. Further, THE UNDERSIGNED recognize that helmets are required and the PARTICIPANT agrees to wear a helmet during all participation in the ACTIVITY. THE UNDERSIGNED agrees that a helmet does not guarantee safety, and that no helmet can protect against all foreseeable impacts to the head, neck and/or spine. These limitations are INHERENT RISKS OF THE ACTIVITY.

THE UNDERSIGNED represent that the PARTICIPANT is in good health and there are no special problems associated with her care. The UNDERSIGNED authorize any RELEASED PARTY and/or their authorized personnel to call for medical care for the PARTICIPANT or to transport them to a medical facility or hospital if, in the opinion of such personnel, medical attention is required. THE UNDERSIGNED agree that upon the PARTICIPANT'S transport to any such medical facility or hospital that the RELEASED PARTY shall not have any further responsibility for the PARTICIPANT. THE UNDERSIGNED agrees to pay all costs associated with such medical care provided for the PARTICIPANT and shall **indemnify and hold harmless the RELEASED PARTY from any costs incurred therein, or any claims arising there from.**

In consideration for allowing the PARTICIPANT to participate in the ACTIVITY, THE UNDERSIGNED agree that any and all claims for injury and/or death arising from the PARTICIPANT'S participation in the ACTIVITY shall be GOVERERND BY COLORADO STATE LAW and EXCLUSIVE JURISDICTION of any claim shall be in the DISTRICT COURT **residing where the alleged incident occurred or in the FEDERAL COURT FOR THE STATE OF COLORADO.**

By signing this release without a parent or guardian's signature, the PARTICIPANT represents that she is at least 18 years of age, or, if signing as the parent or guardian of the PARTICIPANT, you represent that you are the **legal** parent or guardian of the minor PARTICIPANT. THIS RELEASE shall be binding to the fullest extent permitted by law.

I have read carefully the foregoing liability release, understand its contents, and am aware that I am releasing certain legal rights that I otherwise may have.

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Printed Name of PARTICIPANT

Signature of PARTICIPANT

Date

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Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Emergency Contact (name) \_\_\_\_\_ Phone \_\_\_\_\_

PRINT SIGN AND BRING THIS FORM TO REGISTRATION OR Fax to: 303-409-2229

High Altitude Elite Girls Hockey Camp Health History Questionnaire

Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Date \_\_\_\_\_
Birth Date \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

In the last year have you had?

Yes No
Allergies/Hay fever
Bee Sting Allergy
Asthma
Anemia
Arthritis
Bladder/Kidney problem/injury
Convulsions/seizures
Fainting Spells
Diabetes
Hearing loss/Ear problems
Vision loss/Eye problems
Spleen injury
Joint sprain/Ligament tear
Elevated Blood Pressure
Headaches
Head Injury/Concussion
Frequent or severe nose bleeds
Ankle injury
Back Pain/Injury
Fracture – Dislocation Bones/joints
Knee Pain/Injury
Neck Injury
Stomach Ulcer
Hernia
Unconsciousness/Memory Loss
(From blow to the head)

Yes No
Do you have a history of heart murmur?
Chest Pain with exercise?
Ever fainted during exercise?
If so, explain
Do you have Orthodontic Appliances?
For Sports do you: wear contact lenses?
wear glasses?
Since your last physical examination
have you had any serious injury/illness?

Do you have any of the following:

One Eye/Severe loss of vision
Severe Hearing Loss
One Kidney

Are you under a physician's care now
If yes, explain

Are you on any medication now
If so what type/why

Do you use any emergency medication
If yes, please explain
Is there a special location we should know of
for your medication?

Please use the back of this form to elaborate on any "Yes" answers.

I agree with the above answers and contend that they have been answered to the best of my ability.

Signature \_\_\_\_\_ In Case of Emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_