



June 12th – 16th 2010

PROGRAM DESCRIPTION

Hello Everyone: Welcome to the 2010 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 MAY SIGN AND FAX THE 3 FORMS BELOW THAT REQUIRE SIGNATURES TO: 970-356-5226 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.)

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)

Registration will be held from 1:00 – 2:30 pm on June 12th, 2010

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 DIA and need ground transportation to CU, please email us with:

Your Name

Your Flight # and Airline (ex. UA 7688)

Your itinerary

The Cell Phone # with which you will travel

Your Arrival and Departure times: **Plan to arrive at DIA no later than 12:00pm on June 12th.**

Choose a departure time on Wed, June 16th, at or after 3:00pm

Send to: 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 us with: Your Name, Arrival Time, Transportation Arrangements (ie. Parent).

Proceed to (TBA) for Check - In

A weekly Parking pass may be purchased on a campus for a \$20 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:

We encourage you to bring only the necessities. Expensive electronics, computers, jewelry,

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
- 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, Gatorade, and CU Bookstore visit
- ENTHUSIASM AND A 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!

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 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?

Table with 4 columns: Condition, Yes, No, Question, Yes, No. Rows include 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).

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 _____