



# elite FIELD HOCKEY CAMPS

Important Camp Contacts

Megan Cuthbertson – Director

Elite FH Camp Number: (914) 539-2747

Session 1: JULY 13 – JULY 16

Session 2: JULY 20 – JULY 23

Session 3: JULY 27 – JULY 30

SITE: Bentley University

175 Forest St., Waltham, MA 02452

## PLAYER INFORMATION PACKAGE

## HIGH SCHOOL DAY & OVERNIGHT SCHEDULE

### Sunday:

12:00-2:00pm	Registration	Fenway Hall
2:15-2:45pm	All Camp Meeting	FH Turf Field
	Welcome, Camp Rules, Staff Intros & Attendance	
2:45-4:30pm	Skills/Games	FH/FB Fields
4:30-6:00pm	Dinner	Student Center
6:30-6:45pm	All Camp Meeting	FH Field
6:45-8:45pm	Attendance Tournament Games	FH/FB Fields
8:45-9:15pm	High School Day Camper pick up/Check out	FH Field/Fenway Hall
9:00-10:00pm	Store Open	Fenway Hall
9:00-9:30pm	Optional Pick-up play	FH Field
10:30pm	Dorm Curfew & Room Checks	Fenway Hall

### Monday and Tuesday

7:30-8:30am	Breakfast	Student Center
8:45-9:00am	All Day Camper Drop Off	FH Turf Field
9:00-9:15am	All Camp Meeting	FH Turf Field
9:15-11:30am	Skills/Games	FH/FB Fields
11:30-12:30pm	Lunch	Student Center
12:00-1:45pm	Camp Store Open	Fenway Hall
2:00-2:15pm	All Camp Meeting	FH Turf Field
2:15-4:30pm	Small Games	FH Turf Field
4:30-6:00pm	Dinner	Student Center
6:30-6:45pm	All Camp Meeting	FH Field
6:45-8:45pm	Tournament Games	FH/FB Fields
9:00-9:30pm	** Tuesday ONLY - All Star Game High	FH Field
8:45-9:15pm	School Day Camper pick up/Check out	FH Field/Fenway Hall
9:00-10:15pm	Store Open	Fenway Hall
9:00-9:30pm	Optional Pick-Up play	FH Field
10:30pm	Dorm Curfew & Room Checks	Fenway Hall

### Wednesday:

7:30-8:30am	Breakfast	Student
8:45-9:00am	All Day Camper Drop Off	Center
9:00-9:15am	All Camp Meeting	FH Turf Field
9:15-11:15pm	Tournament Games	FH Turf Field
11:30-12:00pm	Camp Awards	FH/FB Fields
12:00pm	All Day Camper Pick Up	FH Field
12:00-1:00pm	Camp Store Open/Check out	FH Turf Field
1:00pm	Camp Closed!	Fenway Hall



## MIDDLE SCHOOL DAY CAMP SCHEDULE

### Monday

8:15-9:00am	MS Day Camper Registration	FH Turf Field
9:00-9:15am	All Camp Meeting	FH Turf Field
9:15-11:30am	Morning Session	FH/FB Fields
11:30-12:30pm	Lunch	Student Center
1:00-1:30pm	Group Activity	Fenway Hall
12:00-1:45pm	Camp Store Open	Fenway Hall
2:00-2:15pm	MS Day Camper Meeting	FH Turf Field
2:30-4:30pm	Afternoon Session	FH Turf Field
4:30pm	Middle School Pick Up	FH/FB Fields

### Tuesday

8:30-9:00am	MS Day Camper Drop Off All	FH Turf Field
9:00-9:15am	Camp Meeting	FH Turf Field
9:15-11:30am	Morning Session	FH/FB Fields
11:30-12:30pm	Lunch	Student Center
1:00-1:30pm	Group Activity	Fenway Hall
12:00-1:45pm	Camp Store Open	Fenway Hall
2:00-2:15pm	MS Day Camper Meeting	FH Turf Field
2:15-4:30pm	Afternoon Session	FH Turf Field
4:30pm	Middle School Pick Up	FH/FB Fields

### Wednesday

8:30-9:00am	MS Day Camper Drop Off All	FH Turf Field
9:00-9:15am	Camp Meeting	FH Turf Field
9:15-11:30am	Morning Session	FH/FB Fields
11:30-12:30pm	Lunch	Student Center
1:00-1:30pm	Group Activity	Fenway Hall
2:00-2:15pm	MS Day Camper Meeting	Fenway Hall
2:15-4:00pm	Afternoon Session	FH Turf Field
4:00-4:30pm	Camp Awards	FH Turf Field
4:30pm	MS Day Camper Pick Up	FH/FB Fields



## IMPORTANT INFORMATION

### PLAYER INFORMATION PACKAGE:

Please keep the daily schedule on your phone and SAVE this Player Information Package for your reference!

### REGISTRATION: (MARKED ON THE MAP INCLUDED)

**HS DAY & OVERNIGHT:** 12:00-2:00pm on SUNDAY // **MIDDLE SCHOOL DAY:** 8:15-9:00am on MONDAY

\*\* PLEASE NOTE: We encourage you to drop your child off

STEP 1: Grab your camper card and head to the appropriate line by last name. Pick up your camper pack and Elite FH t-shirt!

STEP 2: Choose either Athletic Trainer, hand in health form, wellness screening & any concerns

STEP 3: Overnight Campers: Move into Assigned Dorm room

STEP 4: Proceed to the field and your designated area

### PACKING LIST:

Check this for a suggested list of gear and supplies to bring to camp!

### HEALTH FORM:

This is required to participate in the Elite FH Camp. Please HAND CARRY the health form to Registration on DAY

1. **You can supply a valid 2024-2025 school health/sports form, and immunizations.**

Complete the demographic info on page 1 and sign/date on page 2 & attach your forms!

\*\* Provide your most recent physical.

### PROGRAM GUIDELINES & RULES:

- Campers that drive themselves, must park in the allocated lot and may NOT use their cars for the duration of camp.
- Attendance is taken at each session.
- ALL DAY CAMPERS must CHECK OUT each night.
- Please **BE PROMPT** to all meetings and sessions.
- Pre-session ALL Camp meetings will be on the Field Hockey Field
- Be prepared for turf and indoor seminars for each session. Bring turf AND indoor shoes in your bags so that you can go to ANY surface for practice/games/meetings.
- **NO cleats inside ANY of the buildings - please!**
- **ATTEND ALL MEALS:**
  - **Breakfast: 7:30am-8:30am**
  - **Lunch: 11:30-1:00pm**
  - **Dinner: 4:30pm – 6:00pm**
- If you are injured or sick please see the trainers or send someone to get them for you.
- You may **NOT** leave campus without written permission from your parents and permission from the camp director, MEG BOKEK.
- You will be **DISMISSED** and **SENT HOME** for:
  - Alcohol / Drugs / Hazing / Vaping/ Tobacco use or possession
  - Smoking
  - Hazing or Initiations
  - Disrespectful behavior to players, coaches or campus staff
  - Leaving campus without the proper permission

### CAMP STORE

Located on the ground floor of Fenway Hall: T-shirts, shorts, Sweatshirts & other apparel from YOLO will be available  
Snacks, candy, bottled water & Gatorade also available to purchase

### CAMP STORE HOURS:

Sunday: 9pm -10pm  
Mon/Tues: 12-2 & 9pm -10pm  
Wed: 12-1pm

## BUILDINGS

B11	.....	Harrington House
B12	.....	Stratton House
B14	.....	Boylston A and B
B15	.....	Rhodes Hall
B16	.....	Collins Hall
B17	.....	Kresge Hall
B18	.....	Forest Hall
B19	.....	Miller Hall
B20	.....	Falcone North
B21	.....	Falcone East
B22	.....	Falcone West
B23	.....	Student Center
B24	.....	Slade Hall
B25	.....	The Trees
B31	.....	Orchard North
B32	.....	The Castle
B33	.....	The Cape
B34	.....	Orchard South
B35	.....	Lewis Hall
B36	.....	Facilities/Receiving
B37	.....	Dana Athletic Center
B38	.....	Dovecote
B39	.....	Copley South
B41	.....	Copley North
B42	.....	Fenway Hall
B45a	.....	University Police
B45b	.....	Counseling Center
B52/B53	.....	LaCava Center
B54	.....	Bentley Library
B55	.....	Morison Hall
B56	.....	Adamian Academic Center
B57	.....	Smith Academic Technology Center
B58	.....	Lindsay Hall
B59	.....	Jennison Hall
B61	.....	Rauch Administration Center
B63	.....	North Campus Apartments A
B64	.....	North Campus Apartments B
B65	.....	North Campus Apartments C
B66	.....	North Campus Apartments D
B121	.....	President's House



## PARKING

### GENERAL

L1	.....	LaCava 1
L2	.....	LaCava 2
L3	.....	Rauch
L6	.....	LaCava 3
L7	.....	Morison 7
L8	.....	Morison 8
L9	.....	Morison 9
L10	.....	Morison 10
L20	.....	Athletics 1
L22	.....	Dana 1
L30	.....	Athletics 2
L31	.....	Athletics 3

### RESIDENT

L11	.....	Miller 1
L12	.....	Miller 2
L16	.....	Trees
L17	.....	Forest
L19	.....	Stratton
L21	.....	Orchard Decks
L44	.....	North Campus A
L45	.....	North Campus B
L46	.....	North Campus C
L47	.....	North Campus D

### FACULTY AND STAFF

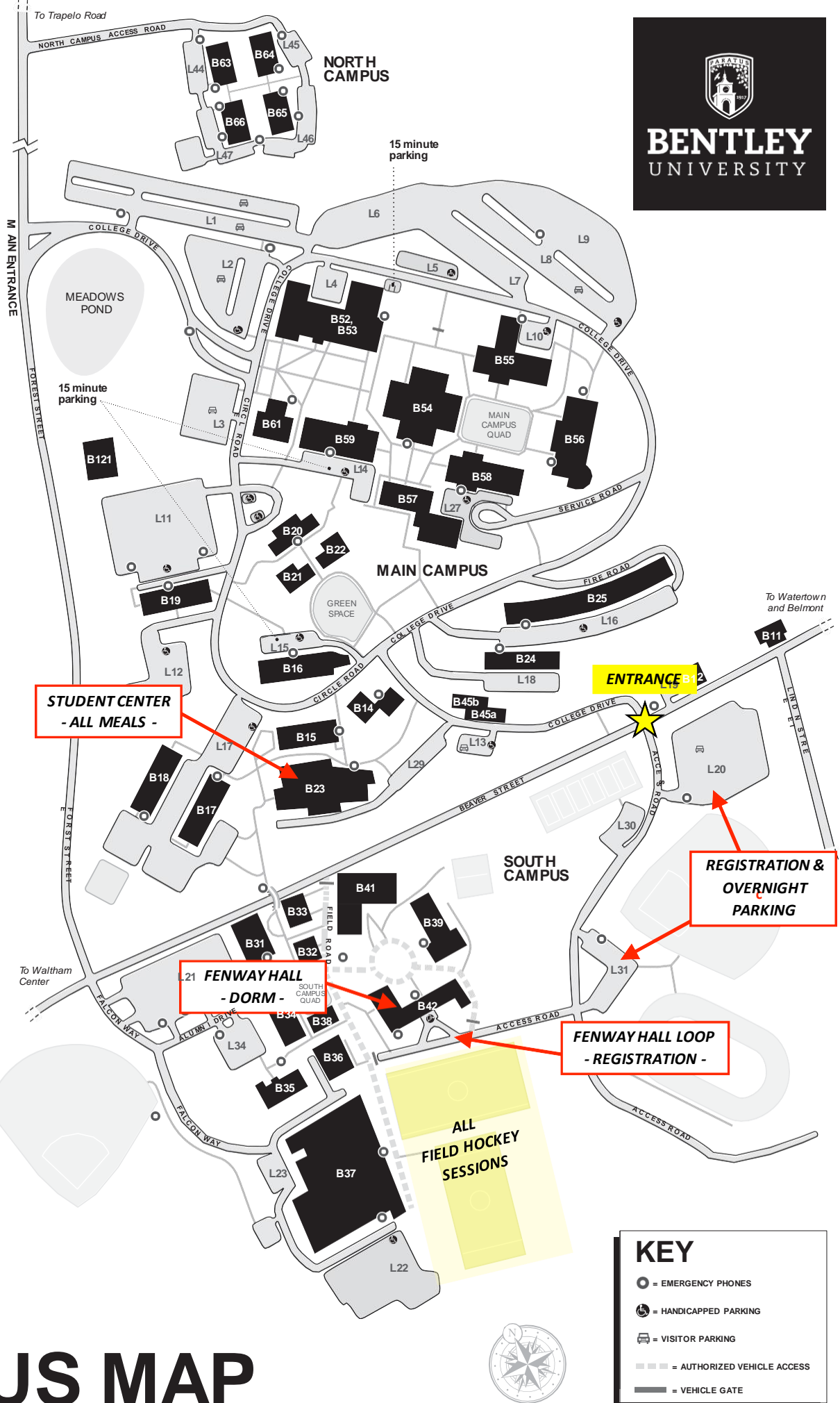
L13	.....	Police
L18	.....	Slade
L23	.....	Dana 2
L26	.....	Harrington
L29	.....	Student Center
L34	.....	Lewis

### FACULTY-ONLY PARKING

L5	.....	Main Campus
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### SERVICE AND VENDOR

L4	.....	LaCava
L14	.....	Jennison
L15	.....	Collins (short term)
L27	.....	Smith



# CAMPUS MAP

## KEY

- = EMERGENCY PHONES
- ♿ = HANDICAPPED PARKING
- 🚗 = VISITOR PARKING
- = AUTHORIZED VEHICLE ACCESS
- = VEHICLE GATE



# CAMP PACKING LIST



## PAPERWORK

- ☐ **HEALTH FORM:** PROOF OF MEDICAL PHYSICAL DONE IN THE LAST YEAR AND RECORD OF VACCINES

\*\* USE the Health Form provided, sign page 2 and then attach your current physical

## PRACTICE CLOTHES

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> T-SHIRT   | <input type="checkbox"/> SWEATSHIRT |
| <input type="checkbox"/> SHORTS    | <input type="checkbox"/> SWEATPANTS |
| <input type="checkbox"/> SOCKS     | <input type="checkbox"/> ETC.       |
| <input type="checkbox"/> RAIN GEAR |                                     |

## EQUIPMENT

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> STICK      | <input type="checkbox"/> MOUTHGUARDS |
| <input type="checkbox"/> SHINGUARDS | <input type="checkbox"/> SUNBLOCK    |
| <input type="checkbox"/> TURFS      | <input type="checkbox"/> BUG SPRAY   |
| <input type="checkbox"/> SNEAKERS   |                                      |

## GK EQUIPMENT

- |                                                 |                                   |
|-------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> KICKERS                | <input type="checkbox"/> STICK    |
| <input type="checkbox"/> LEG GUARDS             | <input type="checkbox"/> GK PANTS |
| <input type="checkbox"/> HELMET                 |                                   |
| <input type="checkbox"/> CHEST/PELVIC PROTECTOR |                                   |

## DAILY

- ☐ WATER
- ☐ SNACKS
- ☐ SPENDING MONEY FOR CAMP STORE

## OVERNIGHT

- |                                     |                                               |
|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> SHEETS     | <input type="checkbox"/> BATH AND HAND TOWELS |
| <input type="checkbox"/> BLANKET    | <input type="checkbox"/> PERSONAL ITEMS       |
| <input type="checkbox"/> PILLOW     | <input type="checkbox"/> SHOWER SUPPLIES      |
| <input type="checkbox"/> TOILETRIES |                                               |

**QUESTIONS? E-MAIL**

[meg.cuthbertson@performancesportevents.com](mailto:meg.cuthbertson@performancesportevents.com)



## Elite Field Hockey HEALTH / PHYSICAL FORM

Sessions at Bentley University (circle session(s):      WEEK 1      WEEK 2      WEEK 3

### Elite Field Hockey HEALTH FORM MUST BE HAND-CARRIED TO CHECK-IN

**\*\* If you wish to supply a valid 2024-2025 signed school health/sports physical form, please complete the Elite FH information below and sign, date the form on the back by both the participant & parent/guardian.**

Staple the school form to the back of this health form and **HAND-CARRY to check-in.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Health Insurance \_\_\_\_\_ Membership Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### APPLICANT HAS HAD (please provide dates below or attach separate sheet)

DISEASE	VACCINATION	IMMUNIZATION
Measles	_____	_____
Hepatitis B (for children born after 1/1/92)	_____	_____
Mumps	_____	_____
Whooping Cough	_____	_____
Chicken Pox	_____	_____
Tetanus	_____	_____
Diphtheria	_____	_____
Polio	_____	_____
TB Test	_____	_____

PLEASE CHECK ANY OF THE APPLICANT'S HEALTH PROBLEMS IN THE PAST OR PRESENT AND GIVE THE YEAR. Have you ever had, or now have, any of the following?

General	Yes	No	Briefly Explain
Asthma	_____	_____	_____
Tuberculosis	_____	_____	_____
Polio	_____	_____	_____
Diabetes	_____	_____	_____
Allergies:	_____	_____	_____
Medications	_____	_____	_____
Food	_____	_____	_____
Bee Stings	_____	_____	_____
Fungus	_____	_____	_____
Herpes	_____	_____	_____
Staph (Boils)	_____	_____	_____
Cyst or Lumps	_____	_____	_____
Spleen Injury	_____	_____	_____
Contact Lenses	_____	_____	_____

Are you currently taking any medications, prescribed or otherwise? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_



<b>Neurological</b>	<b>Yes</b>	<b>No</b>	<b>Briefly Explain</b>
Head Injury:	_____	_____	_____
Concussion	_____	_____	_____
Nose Fracture	_____	_____	_____
Neck Injury	_____	_____	_____
Heat Problems	_____	_____	_____

<b>Cardiopulmonary</b>	<b>Yes</b>	<b>No</b>	<b>Briefly Explain</b>
Chest Pains	_____	_____	_____
Palpitations	_____	_____	_____
Shortness of Breath	_____	_____	_____
High Blood Pressure	_____	_____	_____
Heart Murmur	_____	_____	_____
Fainting	_____	_____	_____

<b>Orthopedic</b>	<b>Yes</b>	<b>No</b>	<b>Briefly Explain</b>
Foot/Ankle	_____	_____	_____
Lower Leg/Knee	_____	_____	_____
Thigh/Hip/Groin	_____	_____	_____
Back/Ribs	_____	_____	_____
Neck/Shoulder	_____	_____	_____
Arm/Elbow/Wrist	_____	_____	_____
Hand/Fingers	_____	_____	_____
Other	_____	_____	_____

**Please list any other pertinent medical history:** \_\_\_\_\_  
 \_\_\_\_\_

**Current Vitals:** Height:\_\_\_\_\_Weight:\_\_\_\_\_Pulse:\_\_\_\_\_B.P.\_\_\_\_\_

The above named individual has had a physical examination and is cleared for activity at the Elite Field Hockey Camp.

**\*Health Care Provider Signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\* If a signed school form is **NOT** attached, this document **must be signed/stamped to be valid**

**HCP Printed Name:** \_\_\_\_\_

**HCP Address:**\_\_\_\_\_ **HCP Phone:** \_\_\_\_\_

**\*\* Participant:** The responses to the questions on this form are correct to the best of my knowledge.

**Participant's Signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

**Must be signed to be valid**

**\*\*\* Parent/Guardian:**

**I understand and accept that risk of injury is possible while playing or practicing the sport of field hockey. I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention.**

**Parent and/or Guardian's Signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

**Must be signed to be valid**

**HEALTH FORM MUST BE HAND CARRIED TO CHECK-IN**

Please DO NOT mail, fax or email this form



**CAMPER PICK-UP AUTHORIZATION**

**Mandated by Massachusetts State Law 105 CMR 430.190 (B),** please provide a list of the individuals who will be authorized to pick-up the named camper. No camper will be released to an individual who is not listed. In case a change is needed, a phone call must be made to ***Meg Cuthbertson @ (914) 539-2747 by 2pm day of.***

Camper's Name:			
Parent/Guardian's Signature:		Date:	
Authorized Individuals	Authorized Individuals' Contact Number		
1			
2			
3			
4			