

Bob Hartley High Intensity Camp

York City Ice Arena

Registration

Sunday, July 6, 2008 & Sunday, July 13, 2008

All campers must register at York City Ice Arena located @Vander Avenue in York, PA, beginning promptly at **11:00am** on Sunday, July 6, 2008 for the first week and at **11:00am** on Sunday, July 13, 2008 for the second week.

Sunday Skating Times

We have secured ice time at York City Ice Arena from 2:00pm to 6:00pm on Sunday, July 6 and Sunday, July 13. Each age group will skate for one hour. We will assign your time to you at registration on Sunday, July 6 or Sunday, July 13.

Group A Kovalchuk 2:00pm

Group B Hossa 2:50pm

Group C Perrin 4:00pm

Group D Kozlov 4:50pm

- Note: Goalies will skate with their respective age group

Player Photos

Individual camper photos will be taken during both weeks. These photos will be available for purchase on Friday, July 11 and Friday, July 18 during each group's All-Star Game.

Health & Personal Conduct Forms

The enclosed Personal Conduct Contract and the Health Questionnaire **must** be completed and returned as soon as possible.

Registration Fee

Please be advised that the outstanding balance of your registration fee is due and payable before June 1st, 2008. Please make your check payable to Hartley Hockey Inc. and return to:

Hartley Hockey Inc.
P.O. Box 2560
Duluth, GA 30096

**Please make all checks payable to HARTLEY HOCKEY INC.
Balance of payment is due before June 1st, 2008.**

For Information

If you have any questions or concerns, please call Bob Hartley at (404) 323-0503. The fax number is (678) 417-9314.

Residential Program Campers

For those campers staying with us as part of our Residential Program, please be certain to bring the following items and pay particular attention to the information listed below:

Towels

Please bring your own towels for use with showers as well as swimming.

Bathing Suit

There are pools at the YMCA which we will have access to. Please bring your bathing suit.

Toiletries

Make sure you bring along a sufficient supply of toiletries, such as a toothbrush, tooth paste, deodorant, soap, shampoo, tissues, etc.

Bed Spread, Sheets & Pillow

Please bring along blankets/sleeping bag, sheets, pillow and a pillowcase to be used on your bed. Sheets and bedspread/sleeping bag should be sized for a single bed.

Gym Clothes

Be certain to bring along shorts and t-shirts that you can wear during our recreational activities such as basketball, softball, soccer, conditioning, etc.

Running Shoes (Mandatory)

You should pack a comfortable pair of running shoes to be worn during recreational activities.

Recreational Equipment

It is recommended that campers bring along a tennis racquet, baseball glove, football, or any other recreational sporting equipment you might wish to use during our free time throughout the week. **No roller blades allowed.**

Hockey Equipment

Don't forget your hockey equipment, including skates, sticks, pants, pads, helmet, and hockey socks. Skate sharpening services will be available each day at York City Ice Arena. **Bring plenty of white tube socks (for blister prevention).**

Medications

It is important that you bring along any prescription medications you are taking and advise us of your medication requirements at registration. We can only be assistance in this regard if we know about your special needs. You must advise us of any special medication requirements at registration, and you must have your medicine with you. **Please fill attachment regarding medication and bring it along with medication at registration. Do not send by mail!**

Spending Money

We will establish a working "Bank" to be used by our Residential Program Campers. Your parents may put a set amount of money "on deposit," and they may provide us with written instructions as to how much money you will be allowed to withdraw each day. Your parents will receive an initial receipt, and we will match your actual withdrawals with their written instructions. We encourage you to utilize the camp "Bank" rather than keeping large sums of cash on you person or in your suitcase, duffel bag, etc. Please see the attachment regarding this. **Please fill attachment about spending money and bring it along with money at registration. Do not send by mail!**

Meals

We will be providing meals for all Residential Program Campers, including breakfast, lunch, and dinner. Light snacks will also be provided.

All campers will enjoy drinks throughout the day and all campers will be served lunch at camp.

Day students will have a free hot lunch served from Monday through Friday. Day students may purchase breakfast at a cost of \$45.00 for Monday through Friday. Day students may purchase dinner from Monday through Thursday for \$45.00.

Departure

Campers participating in the Residential Program will be housed at the Yorktown Racquet & Fitness Club, 2810 East Prospect Road, York, PA, 17402. First week campers will be housed from Sunday, July 6 through and including Thursday, July 10. Second week campers will be housed from Sunday, July 13 through and including Thursday, July 17. **The final days of our camp program will be Friday, July 11 and Friday, July 18.** This means that your last evening at the York Racket & Fitness Club will be Thursday, July 10 and/or Thursday, July 17.

Personal Automobiles

If you are registered in the Residential Program and intend to drive your personal automobile to the Camp, you **must** surrender your keys to the Executive Director at registration. You **will not** be permitted to drive your personal automobile during Camp. All students will travel together, as a group, in approved Camp transportation.

Bob Hartley High Intensity Camp

Confidential Health Questionnaire

In order for a student to be enrolled at the Bob Hartley High Intensity Camp, it is necessary for a Health questionnaire to be completed by the student's parents and medical doctor. All students must report in appropriate physical condition and overall medical health so as to compete in vigorous athletic events and activities. Your cooperation in completing this form is appreciated.

PLEASE PRINT

Student's Name _____ Age _____

Student's Address _____ Phone number (____) ____ - _____

_____ Date of Birth _____
Month Date Year

Weight _____ Height _____

AMERICAN RESIDENTS ONLY (Please fill in all applicable information)

Family Health Insurance Company _____ Policy Number _____

Insurance Address _____ Code _____

Insurance Phone Number _____ Name of Insured Person _____

Home Address _____ Relationship to Insured Person _____

TO BE COMPLETED BY THE FAMILY DOCTOR OR PARENT/GUARDIAN

1. Has this student ever suffered from any of the following? (Please enter yes or no)

Appendicitis _____ Asthma _____ Epilepsy _____ Heart Disorder _____ Sinus _____

Diabetes _____ Heat Disorder _____

Allergies (Please specify) _____

Prescribed Medication(s) _____

2. Has this student ever experienced serious muscle/bone difficulties? (Please enter yes or no)

Ankles _____ Knees _____ Other (Please specify) _____

3. This student has the following illness which will in no way restrict his or her full participation in all athletic activities offered:

Diagnosis _____ Recommendations _____

4. It has been recommended that a tetanus booster should be administered at the time of the physical examination if the student's booster is not up to date.

Date of Injection _____ Any Previous Reaction _____

Physician's Statement

The above-named student has been examined by me and is, to the best of my knowledge, in good health. The student is not suffering from any illnesses and is able to participate in all types of hockey-related training, which demands physical exertion and stamina. I also confirm that the above-named student has not been exposed to any infectious diseases. With the exception of first-aid treatment, the Bob Hartley High Intensity Camp will accept no responsibility for accident or illness incurred by the student during the Program. I hereby give my approval for emergency medical treatment, if required.

Parent or Guardian (Please Print) _____

Parent or Guardian's Signature _____

Date Signed _____
 Month Date Year

Physician (Please Print) _____

Physician's Signature _____

Date Signed _____
 Month Date Year

TO BE MAILED AS SOON AS POSSIBLE

Bob Hartley High Intensity Camp
Personal Conduct Contract

I, (print name) _____ understand and agree that I have chosen voluntarily to enroll in the Bob Hartley High Intensity Camp (hereafter referred to as the “Camp”). As a student at the Camp, I agree to abide by and follow all rules and regulations established by the Camp, including but not limited to written or printed material, oral instructions, and all instructions, orders, or directions given or provided to me by any Camp staff member, counselor, coach, instructor, or other official Camp representative.

I also understand and agree that my personal behavior must conform to all rules, regulations, and standards established by the Camp at all times. I agree not to smoke or use drugs and alcohol of any kind while attending the Camp. If I am taking prescription medication, I promise to disclose that fact on my Health Questionnaire and to disclose it again at registration.

If I violate any rules or regulations of the Camp or fail to abide by instructions given to me by official Camp representatives, the Camp may revoke my privileges to remain at the Camp. If this happens, I understand I will lose my registration fee and I will have to pay for any related expenses, such as travel home, damage to person or property, etc.

I understand and agree that I will be a member of a community of students at the camp, and I agree to be a responsible and honest member of that community at all times. I will conduct myself as a responsible member of the Camp community at all times.

This is a moral and legal commitment I am making to the Camp and my fellow students. I agree to be bound by this Personal Conduct Contract as evidenced by my signature below.

Agreed and Accepted.

Student’s Signature

Date

(Signature of Parent or Guardian if student is not 18 years of age)

Date

Print name of Parent or Guardian signing above

TO BE MAILED AS SOON AS POSSIBLE

Bob Hartley High Intensity Camp

Medication Information Form

My son/daughter _____ takes the following medication(s):

_____ @ _____ times per day.

_____ @ _____ times per day.

_____ @ _____ times per day.

I, _____, give permission for Bob Hartley High Intensity Camp and it's employees to disperse the above named medication(s) as prescribed. By doing so, I hereby discharge the Bob Hartley High Intensity Camp, Hartley Hockey, Inc., from all actions, claims, and demands I/we (my child) may have from any such injury and damage.

*My son/daughter is a **DAY STUDENT** or **RESIDENT STUDENT** (*please circle one*)

*My son/daughter is attending **JULY 6-11** or **JULY 13-18** (*please circle one*)

Signature of Parent or Guardian

Date

PLEASE PRESENT THIS FORM AT REGISTRATION

DO NOT MAIL

Bob Hartley High Intensity Camp

Resident Student Spending Money

_____ I do not wish to provide additional spending money for my son/daughter.

_____ Yes, I do want to establish a “bank” account for my son/daughter.

TOTAL AMOUNT DEPOSITED \$_____.

_____ Please give my son/daughter \$_____ per day.

_____ My son/daughter may have money as desired.

*Please note that you **MUST** have all money in correct amounts per day. For example, if you want to deposit \$25.00 and make \$5.00 available per day, you should deposit five \$5.00 bills. **Change of money cannot be given.**

If you opt to allow your son/daughter to have money as desired, you will be refunded all funds which were not used.

Name of Student (please print)

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

PLEASE PRESENT THIS FORM AT REGISTRATION
DO NOT MAIL

Bob Hartley High Intensity Camp

BREAKFAST

Available for Day students

**I want my son/daughter _____ to
have breakfast with the residential campers (Monday thru
Friday).**

Week: July 6-11 or July 13-18 (Please circle)

Price: \$45.00

Make checks payable to Hartley Hockey Inc.

Parent Print Name

Parent Signature

TO BE MAILED BEFORE JUNE1st, 2008

Bob Hartley High Intensity Camp

Dinner

Available for Day students

**I want my son /daughter _____ to
have dinner with the residential campers (Monday thru
Thursday).**

Week: July 6-11 or July 13-18 (Please circle)

Price: \$45.00

Make checks payable to Hartley Hockey Inc.

Parent Print Name

Parent Signature

TO BE MAILED BEFORE JUNE 1st, 2008

