



**Bob Hartley High Intensity Camp**  
**York City Ice Arena**  
**Registration**

**Sunday, July 14, 2024 & Sunday, July 21, 2024**

**CHECK-IN/REGISTRATION**

Group A – 12 P.M.

Group B – 1 P.M.

Group C – 2 P.M.

Group D – 3 P.M.

\*\*\*GOALIES CHECK-IN WITH AGE GROUP\*\*\*

**Sunday Skating Times**

We have secured ice time at York City Ice Arena from 2:00pm to 6:00pm on Sunday, July 14 and Sunday, July 21. Each age group will skate for one hour. We will assign your time to you at registration on Sunday, July 14 or Sunday, July 21.

Group A Ovechkin 2:00pm

Group B Gaudreau 2:50pm

Group C MacKinnon 4:00pm

Group D Crosby 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 19 and Friday July 26 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**

A deposit of 50% is required following reception of registration online. Please be advised that the outstanding balance of your registration fee is due and payable before June 1<sup>st</sup>, 2024. Please make your payment via Venmo or Zelle. Payment information can be found on our website.

**Balance of payment is due before June 1st, 2024.**

### **For Information**

If you have any questions or concerns regarding camp, please call Steve Hartley at 754-304-0133 or email [steve.hartley@hartleyhockey.com](mailto:steve.hartley@hartleyhockey.com)

### ***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.

#### **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 money 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 \$75.00 for Monday through Friday. Day students may purchase dinner from Monday through Thursday for \$75.00.

### **Departure**

Campers participating in the Residential Program will be housed at the York City Ice Arena (Community Hall). First week campers will be housed from Sunday, July 14 through and including Thursday, July 18. Second week campers will be housed from Sunday, July 21 through and including Thursday, July 25. **The final days of our camp program will be Friday, July 19 and Friday July 26.** This means that your last evening at the York City Ice Arena (Community Hall) will be Thursday, July 18 and/or Thursday, July 25.

### **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***

***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 14-19** or **JULY 21-26** (*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 ONLY\****

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

**Week: July 14-19 or July 21-26 (Please circle)**

**Price: \$75.00**

**\*\*\*Payable at registration\*\*\***

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**Parent Print Name**

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**Parent Signature**

***Bob Hartley High Intensity Camp***

**Dinner**

**\*Available for Day students ONLY\***

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

**Week: July 14-19 or July 21-26 (Please circle)**

**Price: \$75.00**

**\*\*\*Payable at registration\*\*\***

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**Parent Print Name**

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**Parent Signature**