Resident and Commuter Camps

*Ages 9-17 years old (entering 12th grade)*

Coach Tom Anastos and his staff along with former and present Spartan players provide instruction. For more information about the coaches and our program visit www.msuspartans.com or twitter @coachnewtonMSU and @TomAnastos.

**Check-in:**
- 3:00 p.m. - 4:00 p.m. (Sunday)
- 5:30 p.m. Welcome Meeting

**Check-out:**
- 1:30 - 4:30 p.m. (Thursday)
- depending on final All-star game

**Camp fees:**
- Resident Camp $675.00
  - (includes all meals)
- Commuter Camp $495.00
  - (includes lunch and dinner only)

**CAMP FEATURES**

Camps will be held at Munn Ice Arena. Camp check-in will be held at Spartan Stadium - Gate C.

- 12 On-Ice Sessions
- Separate goalie program
- Individual skating video analysis
- 1 hour of scrimmage daily
- Individual evaluation form at end of camp

**2015 DATES**
- June 21-25
- June 28-July 2
- July 12-16
- July 19-23

**This Summer We Train Like Spartans!**

www.sportcamps.msu.edu

@coachnewtonMSU and @TomAnastos
Hockey

Resident and Commuter Camps

2015 DATES
June 21-25
June 28-July 2
July 12-16
July 19-23

CAMP INFORMATION

Refund Policy
Campers unable to attend camp are entitled to a refund. A $55 administrative fee (only $30 if you enrolled online) will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

Medical Policy
Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

Check-In/Check-Out
Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

REGISTRATION INFORMATION

Register online at www.sportcamps.msu.edu or complete the attached application. Full payment by either check, MasterCard, VISA, Discover or American Express must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12-15 business days.

Walk-In Registration Policy
Walk-in registration (signing up on the day camp begins) will be accepted on a space available, first come, first served basis. An additional $10.00 fee will be charged for walk-in registrations. Please note that walk-ins are not guaranteed admission once a camp is full. Cash payment only. No checks or credit cards.

MSU Sport Camp Policy
Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

CONTACT INFORMATION

Sports specific questions contact:
517-355-1639

General, Registration and Roommate questions:
517-432-0730
www.sportcamps.msu.edu
The Hockey Camp Application
REGISTER AT WWW.SPORTCAMPS.MSU.EDU
PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name
Address
City    State    Zip
Parent or Guardian
Daytime Telephone
Evening Telephone
E-mail

School
Grade in September: __________________________ Age: ______________
Sex: ______ Date of Birth: __________ Ht: ______ Wt: ______
Skater _____ Goalie _______
Roommate preference:

Jersey Size: □ Youth □ Adult
□ Small □ Medium □ Large □ X-Large □ XX-Large

Please enroll me in the following Hockey camp:
Camp Date   Resident   Commuter
CAMPS (four weeks of the same program):
Week I June 21-25   □ $675.00 □ $495.00
Week II June 28-July 2 □ $675.00 □ $495.00
Week III July 12-16  □ $675.00 □ $495.00
Week IV July 19-23   □ $675.00 □ $495.00

U.S. FUNDS ONLY.
Please make checks payable to MICHIGAN STATE UNIVERSITY

Check one:
□ Check □ Mastercard □ VISA □ Discover □ American Express

Card Number
3 digit security code    Exp. Date

Signature
Amount of Check/Charge enclosed

Medical Treatment Authorization Form
___________________________________________________ DOB ___/____/____
Participant’s Name
What Sport: _________________________________________________________
Date of Camp: ______________________________________________________

Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):
______________________________________________________________________
______________________________________________________________________

2. List any medications currently taking:
______________________________________________________________________
______________________________________________________________________

3. List any allergies:
______________________________________________________________________
______________________________________________________________________

In case of emergency please contact:
Name
Daytime Telephone
Evening Telephone

Insurance Information:
Name of Medical Insurance Company                Insurance Company Telephone
Name of Insurance Policy Holder                     Policy Holder DOB
Medical Insurance Policy Number            Medical Insurance Group# (if appl)

___________________________________________, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant’s medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian)    Date

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
223 Kalamazoo, Jenison Field House
East Lansing, MI 48824-1025
Fax: 517-355-6891

The Hockey Camp Application
REGISTER AT WWW.SPORTCAMPS.MSU.EDU
PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name
Address
City    State    Zip
Parent or Guardian
Daytime Telephone
Evening Telephone
E-mail

School
Grade in September: __________________________ Age: ______________
Sex: ______ Date of Birth: __________ Ht: ______ Wt: ______
Skater _____ Goalie _______
Roommate preference:

Jersey Size: □ Youth □ Adult
□ Small □ Medium □ Large □ X-Large □ XX-Large

Please enroll me in the following Hockey camp:
Camp Date   Resident   Commuter
CAMPS (four weeks of the same program):
Week I June 21-25   □ $675.00 □ $495.00
Week II June 28-July 2 □ $675.00 □ $495.00
Week III July 12-16  □ $675.00 □ $495.00
Week IV July 19-23   □ $675.00 □ $495.00

U.S. FUNDS ONLY.
Please make checks payable to MICHIGAN STATE UNIVERSITY

Check one:
□ Check □ Mastercard □ VISA □ Discover □ American Express

Card Number
3 digit security code    Exp. Date

Signature
Amount of Check/Charge enclosed
Did You Know?

• Most concussions occur without loss of consciousness.
• Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
• Young children and teens are more likely to get a concussion and take longer to recover than adults.

What is a Concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What Are the Signs and Symptoms of Concussion?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

Symptoms Reported By Athlete:

• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Sensitivity to light
• Sensitivity to noise
• Feeling sluggish, hazy, foggy, or groggy
• Concentration or memory problems
• Confusion
• Just not “feeling right” or is “feeling down”

Signs Observed By Coaching Staff:

• Appears dazed or stunned
• Is confused about assignment or position
• Forgets an instruction
• Is unsure of game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes
• Can’t recall events prior to hit or fall
• Can’t recall events after hit or fall

“It’s better to miss one game than the whole season”

Rick Snyder, Governor
James K. Haveman, Director
CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

• One pupil larger than the other
• Is drowsy or cannot be awakened
• A headache that gets worse
• Weakness, numbness, or decreased coordination
• Repeated vomiting or nausea
• Slurred speech
• Convulsions or seizures
• Cannot recognize people or places
• Becomes increasingly confused, restless, or agitated
• Has unusual behavior
• Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE