MSU Hockey Camp

Ages 9 - entering senior year of High School

Experience Michigan State Hockey and train like a Spartan this summer alongside Spartan players, coaches and alumni. Hosted at Munn Ice Arena with an elite-level curriculum designed to challenge all ages and skill levels on and off the ice. Go Green!  www.msuspartans.com

2019 DATES
June 23-27
July 7-11 Elite
July 14-18
July 21-25

Registration: Park at Spartan Stadium Lot 79 south off Shaw Lane and proceed to Munn Ice Arena.

Check-in: 2:00 - 3:00 p.m.
5:30 p.m. Welcome Meeting

Check-out: 3:00 p.m. - 5:00 p.m.
depending on final All-star game

Camp fees: Resident Camp (includes all meals) $745.00
Commuter Camp (includes lunch and dinner only) $545.00

This Summer We Train Like Spartans!

CAMP FEATURES

Camp check-in and camp will be held at Munn Ice Arena.
- Elite level curriculum
- 12 On-Ice Sessions
- Individual video analysis
- Goalie program
- Sports Psych and Nutrition sessions
- Dryland and strength training
- Jersey
- Daily scrimmage

Sport Specific Equipment To Bring To Camp
Complete Ice Hockey Gear & Stick

www.sportcamps.msu.edu
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.

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CONTACT INFORMATION
Sports specific questions contact:
517-353-7264
General, Registration and Roommate questions:
www.sportcamps.msu.edu

HOCKEY
2019 DATES
June 23-27
July 7-11 Elite
July 14-18
July 21-25

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.

IMPORTANT PARKING INFORMATION
Parking on campus before, during and after camp check-in is NOT complimentary Monday thru Friday. Please visit www.police.msu.edu for campus maps, parking rates Monday thru Friday and visitor parking pass options. Lot 79 (South end of the Football Stadium), 62W (IM West), 63W (Breslin Center) and 67 (Jenison Fieldhouse) are COMPLIMENTARY ON SATURDAY AND SUNDAY ONLY, weekday rates will apply. It is recommended that when checking in or out of camp you walk to your residence hall from one of these lots as parking at the residence halls is very limited and heavily monitored by MSU parking enforcement. If your camp check in or out is at Jenison Fieldhouse, McLane Stadium, Secchia Stadium or DeMartin Stadium Monday thru Friday, it is recommended that you park in Lot 67 (Jenison Fieldhouse) for staff only MONDAY thru FRIDAY with a limited number of metered spots and you will be ticketed if you do not have a staff permit or park in a metered spot. If your camp check in or check out is at IM West, please park in Lot 62W (IM West). Parking in Lot 62W (IM West) on Saturday and Sunday is complimentary, weekday rates will apply. Please note that the camp office has no authority over parking for camps and therefore cannot assist you with any parking issues or tickets you may receive. Parking is enforced by the MSU Police Department.

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.

MSU Sport Camps are open to any and all entrants (limited only by number, age and grade level).
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 23-27 □ $745.00 □ $545.00
Week II July 7-11 □ $745.00 □ $545.00
Week III July 14-18 □ $745.00 □ $545.00
Week IV July 21-25 □ $745.00 □ $545.00

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

* we will not accept checks within 10 calendar days of camp start date.

Medical Treatment Authorization Form

Participant’s Name ____________________________ DOB __/__/____
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
535 Chestnut Rd, W239
Spartan Way, East Lansing, MI 48824
Fax: 517-355-6891
Michigan State University Youth Programs

Pick-up, Drop-off, and Commuter Permission Form

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant’s emergency contact for the following instances:

- The participant’s parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant’s parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant’s parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program’s drop-off process
- The participant’s parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program’s pick-up process
- The participant’s parents/guardians authorize the participant to commute independently to and from the specified youth program

PARTICIPANT’S NAME: ________________________________________________________________________________________________________

PROGRAM NAME: _____________________________________________________________________________________________________________

Permission for Early/Alternative Release

I, __________________________________________________________, parent/guardian of ____________________________________________ , grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Participant</th>
<th>Phone Number</th>
<th>Date/Time of Release</th>
<th>Date/Time of Return</th>
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Permission for Youth Participant to Commute Independently

I, __________________________________________________________, parent/guardian of ____________________________________________ , permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: ___________________________________________________________ Date of Signature: __________________________

Parent/Guardian Work Phone: ___________________________ Parent/Guardian Cell Phone: ___________________________

Parent/Guardian E-mail: ________________________________________________________________
Parent/Guardian Consent Form

I grant permission for (Print Participant’s Name) ________________________________
to participate in all educational, physical and social activities of the following MSU Sport Camp (Please write in Sport and
Camp Date of camp) ________________________________.

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may
engage in athletic or other recreational activities that have special risks. I also understand that my child has occupied a
camp spot and therefore, once camp has begun there will be no refunds for any reason, including injury or illness.

I have read the session descriptions and approve of my child’s selections. I accept any risks associates with the assigned
sessions and selected recreational activities.

I understand that my child has a role to play in regards to his or her safety and security. I will speak with my child about
the need to honor safety rules and to behave responsibly.

(PLEASE PRINT)

Parent or Legal Guardian: ____________________________________________________________

Signature: ____________________________________________________________

Date: ____________________________________________________________
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.

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.

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”
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

JOIN THE CONVERSATION ➤ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).