



2018 TDFH Overnight Camp  
Millbrook School  
Sunday July 29th – Friday August 3rd

Dear Campers and Parents,

Welcome and thank you for registering for our Total Dutch Field Hockey Overnight Camp. TDFH is very excited to offer this memorable event. TDFH has been conducting camps for over a decade and I can assure you that your child will receive the highest level of training in a safe fun filled environment.

During the camp your child will learn and experience every aspect of soccer. Both tactical and technical training will be included, as well as speed/agility and small-sided matches that will help reinforce new skills. Throughout camp, our TDFH professional staff will create an atmosphere where all players feel at ease so they can develop new friendships, learn valuable skills, and have a great time in the process!

We understand it's very easy to create a camp that is instructive and intense, or create one that is fun and entertaining. Our goal is to create a camp that is intense and instructive in an environment that is enjoyable and engaging. After a week of camp, I am sure your child will make new friends, learn a great deal about field hockey, and have an enjoyable experience.

**The following forms will need to be filled out and returned by July 9th:**

- Disclaimer of liability
- Player Code of conduct
- Parental consent form
- Medical release form
- Immunization history signed by primary physician, nurse practitioner or physician's assistant

**We will not be accepting any forms the day of camp.** Please make sure to hand in the forms properly filled out before the start of camp. These forms can be mailed, dropped off, faxed, or scanned and digitally sent to Soccer Centers:

**Mailing Address:** Attn:Brett Clay  
300 Memorial Drive  
Somerset, NJ, 08873  
**Fax:** 732-764-6004  
**E-mail:** [brett@totaldutchfh.com](mailto:brett@totaldutchfh.com)

The check-in for Camp is Sunday, July 29th between 2:30pm-4:00pm. The first training session will begin at 4pm. The camp will close with a demonstration session on Friday, August 3<sup>rd</sup> starting 2:30pm.

If you have any questions regarding these forms or the Overnight Camp, please do not hesitate to contact me at [overnightcamps@dutchtotalsoccer.com](mailto:overnightcamps@dutchtotalsoccer.com). On behalf of the entire TDFH trainer staff, we are very excited about the Overnight Camp and are looking forward to a fantastic week of camp!

Kind Regards,

Megan Cull  
DTS Overnight Camp Operations Director

Brett Clay

Total Dutch Field Hockey coach, Club Administrator and Overnight Camp Director



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## Parental Consent Form

(Page 1 of 2)

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Player SS #: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY# or GROUP \_\_\_\_\_ SUBSCRIBER'S SS#: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE INSURANCE CARD WITH THIS FORM**

### PARENT/GUARDIAN:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### SECOND PARENT/GUARDIAN OR CONTACT:



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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact other than Parent:** Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



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## Parental Consent Form

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### MEDICAL RELEASE FORM AND IMMUNIZATION HISTORY FORM

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I acknowledge that our child is in good health and can participate in all activities without restriction (unless indicated above). I grant permission to the director, assistants, staff trainers and other persons responsible for his/her care to act on my behalf for minor listed below in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to minor listed below by a licensed physician or nurse). By signing this form I understand and agree that my child will be responsible to self-administer his/her medicine at the correct dates and times. Medicines will be stored in the infirmary at the camp premises and will be available with permission of the Health Director.

I \_\_\_\_\_ (print full name), declare that I am the  
(circle the correct title) \* Father \* Mother \* Guardian \* of

\_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Indemnity and Disclaimer of Liability

Total Dutch Field Hockey, and the host institution where the camp is being conducted, do not assume liability for any injuries incurred while at camp or on the way to or from camp. Parents should contact their own insurance carrier to get additional insurance for the camper, if necessary. As a condition of enrollment, the following Indemnity and Disclaimer of Liability must be signed and dated by the camper's parent or legal guardian.

In consideration of Total Dutch Field Hockey acceptance of the camper, the camper, by and through his/her parent or legal guardian, hereby acknowledges and understands that the camper will be involved in some intense training and competition and that injuries can and do sometimes occur during competition and other activities of the camp. The undersigned, on behalf of themselves and their child or ward, agree to hold harmless Total Dutch Field Hockey, its owners, staff, coaches and host institution where the camp is conducted from and against injuries incurred by the camper. The camper and his parents or legal guardian assume full responsibility for any damages or injuries, which may occur to the camper during the camp session. The signer hereby fully indemnifies, releases, waives, and forever discharges Total Dutch Field Hockey its owners, staff, coaches, and host institution or any other person, form or corporation ever had, or now has, or may have, or which the heirs, executors, administrators, or assigns of such a person, form or corporation, as the case may be, may have or claim against the host institution, its successors or assigns related to injury due to negligence or otherwise from and against all costs, losses, expenses, damages, judgements, executions, suits claims, injuries, demands, actions, or causes of action or any liability including without limitation liability for personal injury or death and property damage costs and expenses of litigation and attorney's fees caused by or in any manner connected with or arising out of the campers participation in the camp session and in the use of the host institution's facility. **The TDFH Overnight Camp does not provide any possibility for refund after registration. There is also no possibility for a partial refund if a camper stays for a partial week.** Also the legal guardian of the camper named in this disclaimer is releasing all right to Total Dutch Field Hockey to use any photos taken of the camper at camp for promotions reasons. Promotional media include website, brochures, flyers and anything that would have to do with promoting Total Dutch Field Hockey. Photo and/or personal information will not be sold to an outside payer without the written consent from the legal guardian.

I understand that an effort will be made to provide meals that are mindful of any allergies the camper may have and I further understand that the host institution has no responsibility in any manner for any allergies or restrictions.

Signature of Parent Or Legal Guardian

Date

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## **Player Code of Conduct**

I hereby agree to abide by the rules of conduct as set forth by Total Dutch Field Hockey and its Staff, during the 2018 camp session. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind. I further agree to abide by curfew regulations as established by the staff, and not to absent myself from the camp group at any time. I also agree to show respect for my fellow campers, the staff, the host institution's employees and other guests of the host institution. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for any days following my expulsion.

Player Name: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**MEDICAL RELEASE FORM**

**HEALTH HISTORY AND EXAMINATION (page 1 of 3)**

**All Medical Forms must be signed and stamped by a doctor**

We are delighted to welcome your child to the TDFH Overnight Camp and wish to provide you with information that will ensure that your child is allowed to participate in all activities during the camp and will be well cared for while away from home. Total Dutch Field Hockey (TDFH) will assure that adequate medical and nursing supervision and care, either on site, or at off site medical facilities, is provided. It is imperative that you complete the necessary forms for your child to enroll at the TDFH Overnight Camp.

- Each participant under the age of 18 must have a physical within a year of the date of play, performed by a licensed health care provider. TDFH will supply you with the form. This form is to be filled out by the parents or guardian, and the release on the bottom of the form must be signed. This form must also be completed and signed by the health care provider. Under NJ, PA, CT law, IT IS MANDATORY that the immunization section of the form be complete with the dates of the immunization. It is NOT sufficient to state that all immunizations are up to date.
- All medications that are required by any participant while at camp must be kept in the Infirmary Building and dispensed as directed by the primary physician. **Please bring the original prescription bottle to the camp check-in**, not envelopes of medication. All medications will be returned to you at the conclusion of the camp. **It is required that over-the-counter drugs must also be kept in the Infirmary Building and dispensed only with parental direction. Please hand these drugs over to the Camp Health Director at check-in in the original packing with instructions on use and dosage.**
- If you wish the Camp Health Director to be able to administer Tylenol, Ibuprofen or Benadryl to your child on any as needed basis, (for headache, muscle strain, or other minor problems), you must either hand such medication to the Camp Health Director with instructions (as noted above) or complete the section of the Park Health History and Examination Form giving permission for the Camp Health Director to administer Tylenol, Ibuprofen or Benadryl.

The TDFH Overnight Camp has an Infirmary Building staffed 24 hours per day while your child is at camp. There are refrigeration facilities for medication. The Camp Health Director cares for all campers.



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**MEDICAL RELEASE FORM**

**HEALTH HISTORY AND EXAMINATION (page 2 of 3)**

**HEALTH HISTORY:** (complete if applicable and **give approximate dates** or other pertinent information)

Allergies: \_\_\_\_\_

Operations or serious injuries: \_\_\_\_\_

Disability or chronic illness: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice:

\_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Current medication (please send with instructions): \_\_\_\_\_

\_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Suggestions or health related information for camp staff: \_\_\_\_\_

\_\_\_\_\_

**Licensed provider's signature** \_\_\_\_\_





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**\*Please have this form stamped and signed by a physician\***

## MEDICAL RELEASE FORM

### HEALTH HISTORY AND EXAMINATION (page 3 of 3)

Dutch Total Soccer, through its Camp Health Director, has permission to give my child Tylenol, Ibuprofen or Benadryl on an as needed basis. **In order for my child to be given any Over the Counter medications, this form must be signed by a parent/guardian AND the child's physician.** Please state your choice of medication, dosage and special instructions. If you do not want your child to receive Tylenol, Ibuprofen or Benadryl, please write NO next to both over the counter medications above. TDFH will provide children's Tylenol, Ibuprofen, and Benadryl. You will need to provide any other over the counter medications you would like your child to have in its original packaging. We cannot accept medicine in zip lock bags.

TYLENOL \_\_\_\_\_ DOSAGE \_\_\_\_\_

IBUPROFEN \_\_\_\_\_ DOSAGE \_\_\_\_\_

BENADRYL \_\_\_\_\_ DOSAGE \_\_\_\_\_

ADDITIONAL OVER THE COUNTER MEDICATIONS / COMMENTS:

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**IMPORTANT – THIS CONSENT MUST BE COMPLETED FOR ATTENDANCE**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the Camp Health Director at the TDFH Overnight Camp to secure appropriate medical care, which may include x-rays, routine tests and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the Camp Health Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. **This form may be photocopied for use out of camp property.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Licensed provider's signature \_\_\_\_\_

**\*Please have this form stamped and signed by a physician\***

**IMMUNIZATION HISTORY (page 1 of 2)**

Child's Name: \_\_\_\_\_

**PLEASE ATTACH THE IMMUNIZATION HISTORY OF CAMPER**

**THE FOLLOWING PORTION OF THIS FORM MUST BE COMPLETED AND SIGNED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT. If nothing applies, write N/A.**

**In my opinion, the applicant's condition \_\_\_\_\_ does/ does not \_\_\_\_\_ permit his/her participation in DTS Overnight Camp activities.**

The applicant is under the care of a physician for the following condition(s): \_\_\_\_\_

Current treatment (include current medications): \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsions or concussion:



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Does applicant have epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_ Does applicant have diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

Recommendation and restrictions while at the DTS Overnight Camp:

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Licensed provider's signature \_\_\_\_\_

I have examined the above applicant of the DTS Overnight Camp *WITHIN THE PAST YEAR*. (Date Examined: \_\_\_\_\_).

**\*Please have this form stamped and signed by a physician\***

### IMMUNIZATION HISTORY cont'd (page 2 of 2)

**If there is any medication your child needs to take at any point during the Overnight Camp, the form on the Authorization Form on the following page MUST be completed by parent/guardian & physician**

Any treatment to be continued at TDFH Overnight Camp:

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Any medications to be administered at DTS Overnight Camp: **Please fill out the following page**

Any medically prescribed meal plan or dietary restrictions:

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Any allergies (foods, drugs, plants or insects, etc.):

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What type of reaction occurs with the allergy?

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Additional health information: \_\_\_\_\_

Licensed provider's signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Please have this form stamped and signed by a physician\***

**This form is required for any player who will take medication at any point during the Overnight Camp.**



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**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered:

Specific Instructions for Medication Administration

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs

Plan of Management for Side Effects

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**



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## What to bring to DTS Overnight Camp

### Clothing & Sports Gear

Clothes for 6 days, including:

- Total Dutch provides daily T-Shirts for players to train in. Please provide additional T-Shirts for down time and sleeping
- Shorts
- Sweatshirt (Warm ups)
- Rain jacket
- Pajamas
- Underwear
- Sneakers
- Hat
- Socks – pack extra pairs of socks
- Shin guards
- Cleats
- Flats or Sneakers
- Stick
- Mouthguard
- \* Goalies must bring their own gear, TDFH will not in any way provide gear for any goalie during the camp

### Toiletries

- Towels
- Soap, Shampoo, etc.
- Toothbrush & Toothpaste
- Flip flops

### Dorms

- Linen + Sheets (to fit twin size beds)
- Blanket
- Pillow
- Fan (no air condition in dorm rooms)

### General

- Bug repellent
- Notebook & pen
- Medications currently taking – Medical Director will hold this
- Over the Counter Drugs - Medical Director will hold this
- Sunblock
- Reusable Water Bottle – players can fill up bottles or jugs with water on site
- Snacks are available for purchase, please see the informational sheet for more details



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## Informational sheet

### Contact information Millbrook School

**Millbrook School**  
**131 Millbrook School Road**  
**Millbrook, NY 12545**

### Internet Access

There is no internet access at this camp.

### Snack Bar

Players will have access to a snack bar and/or vending. If you would like your child to be able to purchase items, please leave them with cash. The snack bar only accepts cash and we cannot charge your credit card for purchases your child makes while attending camp. Parents can provide padlock for players carrying cash.

### Cell phone use

Cell phones are allowed on the premises. Campers are permitted to use their cell phones during down time only. If an emergency arises, the Camp Director can be reached (see: Emergencies). We recommend that if parents and players would like to talk daily, they decide on one specific time together. Constant contact can create homesickness.

### Laundry

If campers want to do their own laundry, every dorm has coins based washing machines. Campers can ask the chaperones to assist with the laundry if help is needed.

### Daily blog

Every day of the camp we will post a blog of the day with pictures. Please check the DTS website after the first day of camp. (Website: [www.dtsnewjersey.com](http://www.dtsnewjersey.com))

### Contacts & Emergencies

For questions or concerns please contact 732-748-4625 ext 34 or email Brett Clay at [brett@totaldutchfh.com](mailto:brett@totaldutchfh.com) In the case of an emergency, you can reach the Camp Director on his/her cell phone. This number will be provided before the start of camp. Please refer to the Camp Director in emergency situations only.