

PHYSICIANS REPORT

Date: _____

Name: _____

General Appearance: _____

Posture - Screening: _____

Ht: _____ Wt: _____ Blood Pressure: _____

Hearing: L _____ R _____

Vision: L _____ R _____

Skin-Acne, Psoriasis
Scalp-Eczema
Eyes-Abnormality
Ears-Abnormal Drums Cerum
Nose-Deviation of Septum
External deformities Polyps
Mouth:
Inflamed Gums
Obvious Caries
Orthodontia
Throat:
Enlarged Tonsils
Diseased Tonsils
Removed Tonsils
Glands
Bronchi
Lungs
Thorax
Heart
Abdomen
Back
Extremities
Feet
Neurologic
Anus
Urinalysis Results
Tuberculin Date
Results:

MEDICATION ORDER

To be completed by a Licensed Prescriber, Physician, Nurse Practitioner or other authorized by Chapter 94C

Name of Camper: _____

Date of Birth: _____

Address: _____

City: _____ ST: _____ Zip: _____

Business Telephone Number: _____

Emergency Telephone Number: _____

Medication: _____

_____ . Dosage _____

Route of Administration: _____

Times of Administration: _____

Frequency: _____

(Please note when possible, medication scheduled at times other than camp hours.)

Specific directions or information for Administration: _____

Date of Order: _____

Discontinuation Date: _____

Diagnosis: _____

Any other medical conditions*: _____

Optional Information

1. Special side effects, or possible adverse reactions to be observed?
2. Other medication being taken by the camper?
3. Consent for self administration. Yes _____ No _____

Signature of Licensed _____

Prescriber _____

*If not in violation of confidentiality.

WELCOME

TO THE

INSTRUCTIONAL FOOTBALL CAMP

AT

COLLEGE OF THE HOLY CROSS

Saturday, June 28th

to

Tuesday, July 1st

2008

AGES 8-18

GRADES 4-12

DAY OR OVERNIGHT

Director

TOM GILMORE

Head Football Coach — College of the Holy Cross

Instructors

HOLY CROSS FOOTBALL STAFF

*and Top High School and College Coaches
from all Regions.*

ENROLLMENT LIMITED — ENROLL EARLY

PURPOSE

The basic purpose of the instructional football camp at Holy Cross is as follows:

1. A non-contact camp that will feature an emphasis on techniques and the fundamentals of football.
2. The improvement of physical skills: speed, quickness, agility, strength, and knowledge of proper techniques. There will be individual time spent with campers and instruction based on age and level of play.
3. Instill a competitive, winning attitude: understanding teamwork, sportsmanship, dedication and hustle. We will provide an opportunity for competition and teamwork during each practice session and plan on having each player leave camp a better football player than when he arrived.

FACILITIES

All facilities, practice fields, varsity weight room, training room, meeting rooms, and locker rooms will be used during camp. In case of inclement weather, our astro-turf practice field will be used. All campers can take advantage of the recreational facilities including an Olympic sized swimming pool.

REGISTRATION/CHECK IN

All campers will check in at the Hart Center Ice Rink between 1:00 and 3:30 p.m. on Saturday afternoon, June 28th. At approximately 4:00 p.m. there will be a Camp Meeting.

HEALTH CARE

The camp staff will include a trainer who will be on hand at all times, and a physician will be on call. Parents or Guardians **MUST SIGN MEDICAL TREATMENT FORM ON APPLICATION.**

EQUIPMENT

This is a non-contact camp, but a **helmet and shoulder pads are required.** Please notify your coach. Campers should also bring a mouthpiece, shorts, sweat pants, football jersey, football shoes (grass) and turf or basketball shoes.

WHAT TO BRING

Personal athletic equipment, basketball shoes, socks, shirts, shorts, sweat pants, swim suit, towels, soap and any personal items needed. Overnight campers also need linens, blanket or sleeping bag, pillow, fan and alarm clock.

TUITION

\$260 for Day Campers: Covers Football Instruction, Lunch Meals, Insurance, Camp Shirt and Fun.

\$320 for Commuter Campers: Covers Football Instruction, Lunch and Dinner Meals, Insurance, Camp Shirt and Fun.

\$400 for Overnight Campers: Covers Housing, Football Instruction, Breakfast, Lunch and Dinner Meals, Insurance, Camp Shirt and Fun.

A nonrefundable deposit of \$200 must accompany each overnight camper application and \$100 for each day and commuter camper application to insure enrollment.

- Discounts available to groups of 10 or more from one team. All registrations must be submitted simultaneously to receive this discount.

ON-LINE REGISTRATION

On www.goholycross.com, click on “football” and scroll down to “Summer Camp” on right side. You can register online (**for an additional fee**) or download a brochure to mail in your registration.

SPECIAL NOTE TO PARENTS

Participants will be supervised by staff and dormitory assistants. Attendance will be taken daily. Room inspection will occur each morning. Age and ability will be taken into consideration when forming instructional groups. Parents are invited to attend anytime. TJG camps is not responsible for lost or stolen items.

ARE YOU ELIGIBLE?

No student who is eligible for admission to a member NCAA institution or who has started classes for his senior year in high school is allowed to participate in a summer sports camp where members of an NCAA institution’s coaching staff are employed. Bylaw 1-5-(d).

SAMPLE SCHEDULE

7:15 Wake Up
 7:30 Breakfast
 9:00 Morning Practice
 12:00 Lunch
 1:00 Open Swim, Weight Training
 2:00 Afternoon Practice
 4:00 Specialist Period
 5:30 Dinner
 7:00 Guest Speaker and Huddle Group Discussion
 7:45 Super Star Competition
 8:15 Air Ball Games
 9:30 Announcements, Free Time
 10:30 Lights Out

APPLICATION FOR INSTRUCTIONAL FOOTBALL CAMP 2008

Please enroll the undersigned. I hereby understand and acknowledge that neither The College of the Holy Cross, the Instructional Football Camp, nor anyone associated with the camp will assume any responsibility for accidents and medical and dental expenses incurred as a result of participation in this camp. The applicant is in good health and able to participate in the physical activity of a vigorous program. I hereby authorize the staff of the Instructional Football Camp to act for me according to their best judgement in any emergency requiring medical attention other than that maintained by the camp for which services I shall pay. Please fill out **ALL** information below:

Camper Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Business Phone: _____

E-mail: _____

School: _____

Grade (Fall '08): _____ Age: _____ Ht: _____ Wt: _____

Men’s T-Shirt Size: S M L XL XXL

Did you attend last year? Yes No

Football Position (Circle one of each)

Offense: QB RB WR TE OL

Defense: DB LB DE DL

Your Medical/Hospital Insurance: _____

Medical Ins Policy #: _____

Roommate request, if possible _____

Circle One:
 OVERNIGHT DAY CAMPER COMMUTER CAMPER

A non-refundable deposit is to accompany this application. All deposits due by June 18th. The Medical Form does not need to accompany this application, but should be sent ASAP.

(Make checks payable to **T.J.G. Camps, Inc.**)

Mail To: Tom Gilmore, Football Coach
 The College of the Holy Cross
 One College Street
 Worcester, MA 01610
 (508) 793-2584

DO NOT FILL IN	
Amount Paid \$ _____	Amount Due \$ _____

The College of the Holy Cross is not responsible for any operation of the Football Camp.

Signature of Parents or Guardian: _____

Date: _____

MEDICAL FORM

To be filled out by Parent or Guardian

Name of Camper: _____

Telephone Number: _____

Has Camper had any of the following:

History	YES	NO	state any pertinent information
CHICKEN POX			
GERMAN MEASLES			
MEASLES			
MUMPS			
WHOOPING COUGH			
APPENDECTOMY			
BACK TROUBLE			
HERNIA or RUPTURE			
MENINGITIS			
MONONUCLEOSIS			
SINUSITIS			
SLEEP WALKING			
SYMPTOMS, SIGNS			
BRACE BACK SUPPORT			
BONE JOINT OTHER PROBLEMS			
BRONCHITIS			
CHEST PAINS			
CHRONIC DIARRHEA			
EYE TROUBLE			
FAINTING			
CONVULSIONS			
FOOT TROUBLE			
FOOD SENSITIVITY			
HIGH BLOOD PRESSURE			
DISEASES			
ANEMIA			
ARTHRITIS			
CANCER			
COLITIS			
CONCUSSIONS			
DIABETES			
EPILEPSY			
OROTHERSPASTIC Condition			
HEADACHES, MIGRAINS			
HEARING DIFFICULTY			
POISON IVY			
RECTAL DISEASE			

History	YES	NO	state any pertinent information
HEPATITS, LIVER TROUBLE			
KIDNEY TROUBLE			
HEART TROUBLE, MURMUR			
NEUROLOGICAL or MUSCULAR Disease			
RHEUMATIC FEVER			
URINARY TRACT TROUBLE			
TONSILLECTOMY			
ULCER, STOMACH			
BEE STING REACTION			DETAILS?
ASTHMA			INHALER? DETAILS?

Is there an allergy or unusual reaction to medication or drugs?

If YES give details including those medications that should be given with unusual care.

Has school attendance been interrupted by illness any time longer than two weeks duration?

If YES give details.

IMMUNIZATION HISTORY	
	DATE GIVEN
DPT DOSE 1	
DPT DOSE 2	
DPT DOSE 3	
MEASLES MMR 1	
RUBELLA MMR 2	
MUMPS	
POLIO DOSE 1	
POLIO DOSE 2	
POLIO DOSE 3	
POLIO DOSE 4	
BOOSTER IMMUNIZATIONS	
DPT DOSE 4	
DPT DOSE 5	
POLIO DOSE	

OTHER
 THIS PATIENT IS FIT FOR COMPETITIVE SPORTS UNLESS NOTED OTHERWISE.

Physician’s Signature: _____

Date: _____

Address: _____