



2017 DTS Overnight Camp  
The Gunnery School  
Sunday July 30<sup>th</sup> – Friday August 4<sup>th</sup>

Dear Campers and Parents,

Welcome and thank you for registering for our Dutch Total Soccer Overnight Camp. DTS is very excited to offer this memorable event. DTS 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 DTS 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 soccer, and have an enjoyable experience.

**The following forms will need to be filled out and returned 2 weeks before the start of camp:**

- 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:

300 Memorial Drive  
Somerset, NJ, 08873  
Fax: 732-764-6004  
E-mail: [overnightcamps@dutchtotalsoccer.com](mailto:overnightcamps@dutchtotalsoccer.com)

The check-in for Camp is Sunday, August 6<sup>th</sup> between 1:30pm-3:00pm. The first training session will begin at 4pm. The camp will close with a demonstration session on Friday, August 11<sup>th</sup> starting 2:30pm. We recommend parents coming 30-45 minutes before the demonstration begins. That way you can assist with clearing out the dorm room and pack up the car.

If you have any questions regarding these forms or the Overnight Camp, please do not hesitate to contact me [overnightcamps@dutchtotalsoccer.com](mailto:overnightcamps@dutchtotalsoccer.com). On behalf of the entire DTS 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



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## Parental Consent Form

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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:

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

Please attach the Medical release form and Immunization History form for the DTS Overnight Camp 2017.

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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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## Disclaimer of Liability

Dutch Total Soccer, and the host institution where the camp is being conducted, does 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 Disclaimer of Liability must be signed and dated by the camper's parent or legal guardian.

In consideration of Dutch Total Soccer 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 Dutch Total Soccer, 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 releases, waives, and discharges Dutch Total Soccer its owners, staff, coaches and host institution from, against all claims, injuries, demands, actions, or causes of action arising out of the campers participation in the camp session and in the use of the host institution's facility. The DTS Overnight Camp 2017 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 Dutch Total Soccer 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 Dutch Total Soccer. Photo and/or personal information will not be sold to an outside payer without the written consent from the legal guardian.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Player Code of Conduct

I hereby agree to abide by the rules of conduct as set forth by Dutch Total Soccer and its Staff, during the 2017 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 DTS 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. Dutch Total Soccer (DTS) will assure that adequate medical and nursing supervision and care, either at the Gunnery School, or at off side medical facilities, is provided. It is imperative that you complete the necessary forms for your child to enroll at the DTS 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. DTS 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 New York 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 Children's 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 DTS 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 & Reactions: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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 DTS 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.**

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

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

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



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**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 & medications: **Please fill form on page 8.**

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

\_\_\_\_\_

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

Recommendations or restrictions while at the DTS Overnight Camp (include dietary):

\_\_\_\_\_

\_\_\_\_\_

**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\***



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**Prescription & Over the Counter Medication Administration Form:**

**This form must be filled out for EACH medication you'd like your player to be able to take throughout the duration of their stay at camp.** This includes prescription medication, over the counter medication, inhalers, etc. The only medication NOT included for this form would be over the counter topical ointments (ie: sunscreen). 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.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medication Name: \_\_\_\_\_ Controlled Drug? YES or NO

Condition for which drug is being administered: \_\_\_\_\_

Self Administration: **To allow player to self-administer this medication, fill out the form on page 9.**

Specific Instructions for Medication Administration: \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Relevant Side Effects of Medication (N/A if none): \_\_\_\_\_

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

**Parent/Guardian Authorization:** I approve medication to be self-administered by my child/student as described and directed above with the witness and overseeing from the DTS Health Director. I give permission for the exchange of information between the prescriber and the DTS Health Director to ensure the safe administration of this medication.

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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





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**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Inhalers & Epi-Pens are the only medications that the DTS Overnight Camp allows players to keep with them. If you would like your player to be able to carry these items with them throughout camp, this form must be filled out by the Prescriber and Parent/Guardian. Otherwise, they will remain in the care of the Health Director on site.

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 player's parent or guardian.

Medication Name: \_\_\_\_\_

Does the Prescriber give authorization for self-administration: \_\_\_\_\_

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Prescriber's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the Parent/Guardian give authorization for self-administration: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## What to bring to DTS Overnight Camp

### Casual clothing

Clothes for 6 days, including:

- T-Shirts
- Shorts
- Sweatshirt (Warm ups)
- Rain jacket
- Pajamas
- Underwear
- Socks
- Sneakers
- Hat
- Swimsuit

### Toiletries

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

### Sports Clothing

- Socks – pack extra pairs of soccer socks
- Shin guards
- Cleats
- Flats or Sneakers
- Shorts
- (5 camp shirts are provided for players to train in)

### Dorms

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

### General

- Bug repellent
- Notebook & pen
- Medications currently taken – 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 Gunnery School

Gunnery School  
22 Kirby Road  
Washington, CT 06793

### Internet Access

There is no internet access at this camp.

### Snack Bar

Snacks are available for purchase at The Gunnery. If you would like your child to be able to purchase items, please leave them with cash.

### Cell phone use

Cell phones are allowed on the premises however campers are not allowed to take cell phones on the field or use them during meal times. If an emergency arises, the Camp Director can be reached on a landline (see: Emergencies). If you or your child would like to communicate while they are away, there will be designated times for them to call.

### 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.

### Emergencies

In the case of an emergency, Camp Directors can be reached via their cell phone. This number will be given at a later date. To keep the Camp Director present during the camp, please call them only in the event of an emergency. For any questions or concerns, you can reach us at [OvernightCamps@DutchTotalSoccer.com](mailto:OvernightCamps@DutchTotalSoccer.com) or call 732-748-4625 ext 21.

### 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))