



2017 DTS Overnight Camp
The Peddie School
Sunday June 25th – Friday June 30th

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 two 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

The check-in for Camp is Sunday, July 25th between 2:30pm-4:00pm. The first training session will begin at 4pm. The camp will close with a demonstration session on Friday, June 30th starting 2:30pm.

If you have any questions regarding these forms or the Overnight Camp, please do not hesitate to contact me 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

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 _____

Cell Phone _____ Work Phone _____

SECOND PARENT/GUARDIAN OR CONTACT:

Last Name _____ First Name _____ MI _____

Address _____

Cell 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.

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 Peddie 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 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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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. DTS 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. The DTS Health Director must hold onto all medication.

CHILDRENS TYLENOL _____ DOSAGE _____

CHILDRENS IBUPROFEN _____ DOSAGE _____

CHILDRENS BENADRYL _____ DOSAGE _____

ADDITIONAL OVER THE COUNTER MEDICATIONS &/or COMMENTS:

Signature of parent/guardian _____ Date _____

Licensed provider’s signature _____

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 9.**

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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Medication Administration Form:

This form must be filled out for each prescribed medication player will be taking throughout the course of the week. 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: _____

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 ____/____/____

Phone Number (____) _____ Prescriber's Address _____

City _____ State _____ Zip Code _____



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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 Peddie School

Peddie School
201 Main St.
Hightstown, NJ 08520

Internet Access

There is no internet access at this camp.

Snack Bar

There is a snack bar at Peddie. 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.

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 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)