

June 2023

PRESEASON TRAINING CAMP FOR CROSS COUNTRY RUNNERS

Dear Athlete and Parent:

Arrangements have been made for the 38th Collegiate Pre-Season Cross Country camp. This year marks our 28th year at Camp Sloane, located in Lakeville, Connecticut. The phone number is (800) 545-9367. Information on Camp Sloane can be found on their website: www.camp-sloane.org.

The cost of the camp will be **\$450.00** (*\$200 of which is non-refundable with confirmation of your "intent to attend" Camp Sloane*)

Financial aid is available through:

There are 2 ways to supplement the trip cost:

- 1) Through a Financial Aid Award – if interested please contact Stacy Dizon (sdizon@collegiateschool.org) on behalf of the Office of Admissions and Enrollment.
- 2) Through a grant from the Supplemental Income Fund. This fund was set up through the generosity of the Parent Class of 2011. It offers grants up to \$1,000/year for school sponsored programs for any family not receiving financial aid from the school – if interested please contact Stacy Dizon (sdizon@collegiateschool.org) on behalf of the Office of Admissions and Enrollment.

Make your check payable to **Collegiate School** by **July 3rd, 2023** and include **Student's Name** and **Attn: Camp Sloane** on check.

Depart: Thursday, August 24th @ 9:30 A.M. (PLEASE ARRIVE AT SCHOOL BY 9:00)

Return: Monday, August 28th @ 2:00 P.M.

For those **planning to drop off or pick up your athlete**, we arrive at camp between 11:30am and 12:00pm on Thursday, and leave camp at about 11:00am on Monday arriving back @ about 2pm.

Please indicate to us whether you plan to do so.

Remember to bring a sleeping bag or blanket(s), a pillow with a pillowcase, and enough socks, shirts, shorts, etc. to last 5 days. Insect repellent and sunscreen are recommended.

Itinerary:

Your athlete will be participating in vigorous physical activity at pre-season cross-country camp. Some of the running activities take place away from Camp Sloane's grounds and not directly under a coach's supervision. The coach will give safety instruction about being careful in these areas concerning traffic, crossing roads safely, and staying on marked areas.

The team will also have the use of the swimming pool at Camp Sloane, and although this area is under supervision, certain risks associated with swimming are present. Other activities at camp (playing games, sports, etc.) will also take place without a coach always being present.

To register for Camp Sloane you must:

1. **Email** a confirmation of your “intent to attend” Camp Sloane by **June 19th, 2023** to:
dalexis@collegiateschool.org

(This is necessary to ensure adequate transportation and lodging for the group.)

2. Make sure **Health Requirements** are fulfilled on **Magnus Health**:

ALL forms/requirements must be completed on the Magnus Health Portal prior to attending XC camp.

3. Fill out the “**Camp Sloane Health and Emergency Treatment Authorization Form**” (attached) and include with your Camp Fee of **\$450** to:

Collegiate School

301 Freedom Place South

New York, NY 10069

Attn: Athletic Office X-Country

Sincerely,

Dwayne Alexis

Phone- (212)-812-8701

dalexis@collegiateschool.org

Rebeka Stowe

Phone- (646)-983-0634

rstowe@collegiateschool.org

Camp Sloane YMCA
124 Indian Mountain Road, Lakeville, CT 06039
860/435-2557 fax 860/435-2599 www.campsloane.org

HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Name: _____ Phone: _____
Address: _____
Email: _____ Secondary Phone: _____
Medical Insurance Policy Number: _____
Insurance Company: _____
Name of Insured: _____

In case of emergency at Camp Sloane YMCA, Please Contact:

Name: _____ Phone: _____
Address: _____
Relationship: _____

Are you a Vegetarian? _____
Any pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by this event? _____
Taking any medications currently? _____
History of cardiac problems or cardiac medications? _____
Do you have high blood pressure? _____
Do you have any allergies (food/bees)? _____
Do you foresee any problem participating in the upcoming activities due to lack of physical exercise? _____
Please indicate ANY health history or problems you feel Camp Sloane YMCA staff should be aware of:

I hereby grant Camp Sloane YMCA and its agents full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Sloane YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. I acknowledge that any such action will be taken in my best interest.

Signature of Participant: _____ **Date:** _____

If the participant is under 18, the parent or guardian must also sign below:

Signature of Parent/Guardian: _____ **Date:** _____

INFORMED CONSENT AND LIABILITY RELEASE

- I am aware and understand that participating in activities while at Camp Sloane YMCA involves a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.
- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.
- I willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and cost. This release does not apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, instructors, facilitators or agents.
- I authorize the YMCA to have and use photographs, slides and videotapes of the parson named above as needed for its records and public relations programs.
- I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ **Date:** _____

If the participant is under 18, the parent or guardian must also sign below:

Signature of Parent/Guardian: _____ **Date:** _____