

June 2024

## **PRESEASON TRAINING CAMP FOR CROSS COUNTRY RUNNERS**

Dear Athlete and Parent:

Arrangements have been made for the 39<sup>th</sup> Collegiate Pre-Season Cross Country camp. This year marks our 29<sup>th</sup> 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](http://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*)

### **There are two ways to supplement the trip cost:**

- 1) Through a Financial Aid Award.  
If interested, please contact...  
Jaclyn Hasenfus ([jhasenfus@collegiateschool.org](mailto:jhasenfus@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...  
Jaclyn Hasenfus ([jhasenfus@collegiateschool.org](mailto:jhasenfus@collegiateschool.org)) on behalf of the Office of Admissions and Enrollment.

*Make your check payable to **Collegiate School** by **July 1st, 2024** and include **Student's Name** and **Attn: Camp Sloane** on check.*

**Depart: Thursday, August 22<sup>nd</sup> @ 9:30 A.M.      (PLEASE ARRIVE AT SCHOOL BY 9:00)**

**Return: Monday, August 26<sup>th</sup> @ 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 2:00pm.

**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 17<sup>th</sup>, 2024** to:  
rstowe@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,

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](http://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:** \_\_\_\_\_