

June 2025

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

Dear Family and Athlete:

Arrangements have been made for the 40<sup>th</sup> Collegiate Pre-Season Cross Country camp. This year marks our 30<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 \$500.00 (\$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) If you need financial assistance, the Class of 2011 Grant—which offers up to \$1,000 per year for school-sponsored programs—is available to all students. To inquire or apply, please contact Jaclyn Hasenfus, Controller, at [jhasenfus@collegiateschool.org](mailto:jhasenfus@collegiateschool.org).

*Make your check payable to **Collegiate School** by **July 1, 2025** and include **Student's Name** and **Attn: Camp Sloane** on check. Please send checks directly to the Business Office - Attn: Jaclyn Hasenfus*

**Depart: Thursday, August 21 @ 8:15 am (PLEASE ARRIVE AT SCHOOL BY 8:00 am)**

**Return: Monday, August 25 @ 2:30 pm**

For those **planning to drop off or pick up your athlete**, we arrive at camp between 11:30 am and 12:00 pm on Thursday and leave camp at about 11:00 am on Monday arriving back @ about 2:30 pm. **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 instructions 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 16, 2025** 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 **\$500 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

## Health History & Emergency Treatment Authorization

124 Indian Mountain Road, Lakeville, CT 06039 Tel: (860) 435-2557 www.campsloane.org

Group/School Name: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Policy No: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_

### IN CASE OF EMERGENCY while at Camp Sloane YMCA, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship: \_\_\_\_\_

- YES  NO Do you have any allergies (food, bees, insects), reactions to medications or physical limitations
- YES  NO Any pre-existing injuries that might be aggravated by this event?
- YES  NO Taking any medications currently?
- YES  NO History of cardiac problems or cardiac medications?
- YES  NO High blood pressure?
- YES  NO Do you foresee any problem participating in upcoming activity due to fitness?

If you answered 'Yes' to any of the questions above, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIETARY REQUIREMENTS:**  
 YES  NO Are you vegetarian/vegan (circle one)  
 YES  NO Dietary restrictions/food allergies?  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 participant is under the age of 18, their parent or guardian must also sign below

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

## INFORMED CONSENT/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 member, 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, and video of the person 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 participant is under the age of 18, their parent or guardian must also sign below

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