

Thank you for Registering for the 2017 Bob Deraney Hockey School at Providence College!

We want this to be a memorable and exciting experience for you! The information in this packet is **VERY IMPORTANT**, so please read it thoroughly, fill out the enclosed forms, and feel free to call us with any questions at **401-865-2291**, Mon. - Fri., 8:00 a.m. - 5:00 p.m. Eastern Standard Time. We are very excited that you are going to be joining us this summer!

WHAT PARENTS SHOULD KNOW:

REGISTRATION

- **Session I** registration is on **Sunday, June 25th**

Extended/Resident Campers

- Check-in is from 10-11:30 am for Sessions I at **SCHNEIDER ARENA** for **ALL CAMPERS**.
- *ON ICE PRACTICE STARTS AT 12 pm*
- Extended Day Campers should arrive at **8:30 am** all other days. Daily departure will be between **7- 9 pm** each day for Extended Day Campers. Extended Day Campers check in & out with the Director **ONLY** each day. Lunch & Dinner is included for all campers. In addition, breakfast is served for the resident campers.

DIRECTIONS

- Please see enclosed directions.

CAMP ENDS

- Session I ends on **Thursday, July 29th**
- Final games are played between 3:30 and 7 p.m.
- All Campers checkout following their final game at **Schneider Arena**.
- All Campers checkout with the Director **ONLY**.
- Details on final game times will be provided at registration.

CAMP PHONE

Camp Phone: (401) 865- 2291/1287

Campus Security: (401) 865-2391

Health Services (401) 865-2888

Bob Deraney: (O) (401) 865-2291 (F) (401) 865-2382

If no one answers your call, please leave a message and the camp staff will get back to you or let your camper know you have called us, have them inform us of your call and we will get back to you as soon as possible.

TRAVEL FORM

We assume that your child is arriving by car unless you send us a completed travel form. **It is imperative that we receive this completed form no later than 14 days before the start of camp.**

CAMP ADDRESS

Providence College
Schneider Arena – Women’s Hockey
Attn. Bob Deraney
Camper’s Name
1 Cunningham Square
Providence, RI 02918

HEALTH & RELEASE FORM

The health form must be completed and brought to camp on the first day. **CAMPERS WILL NOT BE ADMITTED WITHOUT THESE FORMS.**

HEALTH & SAFETY

Health services are nearby for needs more urgent than first aid. Drugs, alcoholic beverages and cigarettes are strictly forbidden and constitute, along with general misconduct, grounds for immediate dismissal from camp without refund or credit.

There will be an athletic trainer on site at all events.

SPENDING MONEY

We recommend **\$30-40 a week** for spending money. There will be a camp bank in order to deposit money. Any balance remaining will be returned at the conclusion of camp.

ROOMMATES:

For the overnight camps, campers stay **2-4 per room** and are assigned by age and roommate requests. If you have a roommate request, and have not already given it to us, please do so no later than 10 days before the start of camp. After that, the request can't be guaranteed. If you don't have a roommate request, you will be placed in a room with someone near your age. It will be a great opportunity to meet someone new!

AUTOMOBILES ON CAMPUS

ALL vehicles driven to camp and retained during camp must be registered at check-in. (A parking fee may be required.). ALL keys to these vehicles must be turned into the Camp Director.

PAYMENTS

- Full payment of camp fees must be received by our office no later than June 1, 2017.
- You will receive a confirmation of your payment and will receive an email regarding your balance prior to June 1, 2017.
- If you have paid your deposit by credit card, we will not automatically charge the balance due. You will receive an email with instructions on how to pay your balance.
- Any camp fees that are still outstanding on the start date of your camp must be paid before the camper is allowed into camp. Any damages and/or expenses incurred by the camper during their stay at camp will be billed to you for payment. You acknowledge, agree to assume and be fully responsible for any and all property or other damage to the room or any other facility used at The Bob Deraney Hockey School at Providence College by your child.

CANCELLATION POLICY

Hopefully, you will not have to cancel, but if you must please do so early so that those on the waiting list can be notified as soon as possible.

If you cancel your camp(s) for any reason, on or before June 1, 2017, you will receive a full refund of camp fees paid (deposit or full payment). After June 1, 2017, we will issue you a camp credit for all camp fees paid, valid through 2018. This camp credit is transferable to another family member only and may only be used for any Bob Deraney Hockey School.

Cancellations made after your camp session begins or during your camp will result in a pro-rated camp credit, valid through 2018. There is no charge for changing session dates or camp location.

In the unlikely event Bob Deraney Hockey Schools cancels your camp session, we will refund only your camp registration fees. Camper waives any and all damages that may otherwise arise out of any camp cancellation and agrees to accept as liquidated damages said registration fees.

TYPICAL SCHEDULE FOR RESIDENT CAMP

7:30 a.m. Wake-up
8:00-8:30 Breakfast/Extended Day Campers Arrive
8:30-9:50 On-ice
9:50-11:00 Video/Lecturing
11:00-12:00 Off-ice activities (dry-land training)
12:30-1:00 p.m. Lunch
1:30-2:50 On-ice
3:00-4:00 Off-ice activities
4:00 Free time; swimming
5:30 Dinner
6:30 Games
9:00 Evening activities (movies, make your own sundae, skit night)
10:00 Campers to rooms
10:30 Lights out

SHOULD I BRING ANYTHING WITH ME TO CAMP?

YES! We recommend that you bring a daily pack with the following items: Water bottle, spare shirt/shorts/socks or appropriate clothing for each activity that will be described to you at registration.

DO I NEED ANY SPENDING MONEY?

- Yes. We recommend \$30-\$40 in spending money for the snack bar and vending machines at camp.
- Please do NOT bring a prewritten check.

CHECKLIST OF THINGS TO BRING

Below is a suggested list of clothes, equipment and personal items. Bob Deraney Hockey Schools & Providence College are not responsible for lost or stolen articles or money. DO NOT bring valuable items, such as radios, expensive cameras, cell phones, CD players, etc., to camp with you. We recommend that you do not bring unnecessary items of clothing, which can get lost, and don't forget to label every article of clothing and equipment.

- | | | |
|--|---|--|
| <input type="checkbox"/> T-shirts | <input type="checkbox"/> Shoulder Pad | <input type="checkbox"/> Running Shoes |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Helmet/Mouth Guard | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Stick/Blades | <input type="checkbox"/> Spending Money | <input type="checkbox"/> Fan (Suggested) |
| <input type="checkbox"/> Athletic/Hockey Socks | <input type="checkbox"/> Health & Personal Form | |
| <input type="checkbox"/> Hockey Pants | <input type="checkbox"/> Sleeping Bag or Sheets | |
| <input type="checkbox"/> Shin Pads | <input type="checkbox"/> Pillow | |
| <input type="checkbox"/> Elbow Pads | <input type="checkbox"/> Personal Items | |
| <input type="checkbox"/> Skates | <input type="checkbox"/> Toiletries | |
| <input type="checkbox"/> Hockey Gloves | <input type="checkbox"/> Towels | |
| <input type="checkbox"/> Pelvic Protector | <input type="checkbox"/> Off-ice clothes | |

NOTE: Pillows & linens are not provided at the overnight camps!

WHAT EVERY EXTENDED DAY CAMPER SHOULD KNOW:

We are very excited that you are going to be joining us this summer for the Bob Deraney Hockey School for Girls at Providence College! Here are some important facts that apply to Extended Day Campers only.

WHEN DO I GET TO CAMP?

- Session I registration is at SCHNEIDER ARENA between 10-11:30am on the first day of camp.

WHAT IS MY DAILY SCHEDULE?

- After you've eaten breakfast at home, you should arrive at 8:30 a.m. (except Day 1). And check in with Director. No exceptions!!
- Session I: You will spend the entire day and most of the evening at camp, joining the resident campers for lunch and dinner.
- Departure each evening is between 7-9 p.m.

CHECK OUT

See "CAMP ENDS" on the first page. Extended Day campers check out at the conclusion of each day with the Director ONLY.

DIRECTIONS

From Boston and Points North using I-95:

Follow I-95 South to Rhode Island Exit 23 (Charles Street). Proceed right onto Charles Street and go .2 miles to the first light at Admiral Street. Take a left onto Admiral Street and proceed approximately 1.2 miles to the third light at River Avenue. Take a left onto River Avenue and proceed .4 miles to the light at Eaton Street. The gates of the campus will be on your left.

From New York, Southern Connecticut, and Points South:

Take I-95 North to Rhode Island Exit 23 (State Offices). Bear right onto Orms Street. Proceed .3 miles along Orms Street to the second traffic light at Smith Street (Route 44). Turn right onto Smith Street and proceed 1 mile along Smith Street to the third light at River Avenue. Turn right onto River Avenue and proceed .2 mile to the light at Eaton Street. The gates of the campus will be on your right.

From Albany and Western Massachusetts using I-90 (Mass Pike):

Take I-90 East to Exit 10A which will lead you to Route 146 South (Providence). For almost an hour, follow Route 146 South into Providence, RI to the Admiral Street exit. Take a right onto Admiral Street and proceed approximately 1.1 miles to the second light at River Avenue. Take a left onto River Avenue and proceed .4 miles to the light at Eaton Street. The gates of the campus will be on your left.

From Hartford and Central Connecticut:

Take I-84 to Route 2 East. Follow Route 2 East to Norwich, CT and then take I-395 North. Proceed along I-395 North to Route 6 East. Take Route 6 East into Johnston, RI. Proceed along Route 6 East (now a highway) to Route 10 North. Take Route 10 North to the Dean Street/Atwells Avenue exit. At the top of the exit ramp turn left onto Dean Street (Dean Street will become Pleasant Valley Parkway, Raymond Street, and then Oakland Avenue). Proceed approximately .7 miles to the sixth traffic light at Smith Street (Route 44). Turn left onto Smith Street (Route 44) and proceed along Smith Street for .6 mile to the first set of traffic lights at River Avenue Turn right onto River Avenue and proceed .2 miles to the light at Eaton Street. The gates of the campus will be on your right.

From Fall River, New Bedford and Cape Cod:

Take I-95 west to I-95 North, to Rhode Island Exit 23 (State Offices). Bear right onto Orms Street. Proceed .3 miles along Orms Street to second traffic light at Smith Street (Route 44). Turn right onto Smith Street and proceed 1 mile along Smith Street to the third light at River Avenue. Turn right onto River Avenue and proceed .2 mile to the light at Eaton Street. The gates of the campus will be on your right.

TRAVEL FORM/ ROOMMATE REQUEST FORM

In light of the new security measures being implemented by the airline industry for all arriving and departing air travel, Bob Deraney Hockey Schools is taking every step possible to make your child's travels safe and simple this summer. Please take special note of the new pickup and drop off procedures for all Bob Deraney Hockey School Campers traveling to camp by air, bus or train.

If your child will not be arriving by car, please fill out this form and return it to Bob Deraney Hockey Schools. We must receive this completed form in our office no later than 14 days prior to the beginning of camp. If within 14 days, please call (401) 865-2291 with this information and fax to (401) 865-2382. A camp staff member dressed in camp clothing will be there to meet your child. Don't forget to give your child the camp phone number while traveling alone.

AIR: We are able to provide transportation services ONLY to and from the TF Green International Airport. Please call (401) 865-2291 for late schedule changes, cancellations, etc. The transportation fee is \$10 each way, make the check out to "Deraney Hockey Schools".

Arriving flights - A camp staff member wearing camp clothing will meet campers at THE BAGGAGE CLAIM AREA of her specific flight. In the unlikely event that the staff member is late, please have your child remain at the BAGGAGE CLAIM AREA of her airline until we arrive. Please call (401) 865-2291 for late schedule changes, cancellations, etc.

Departing flights - Campers will be escorted to the security gates and given an emergency phone number in case of last minute cancellations due to flight complications etc. Parents are encouraged to furnish calling cards and the Bob Deraney Hockey School phone number (401-865-2291) to their child in case of emergencies.

Please arrange your arrival on the first day of camp between 10:00 a.m.-12:00 p.m. and departure on the last day between 6:00-8:00 p.m.

TRAIN: We are able to provide transportation services to and from the Providence Amtrak train station. Campers should schedule arrival times between 10:00-12:00 p.m. on the first day of camp and between 6:00-8:00 p.m. on the last day. Please call Bob Deraney Hockey Schools or return this form with your scheduled arrival and departure times noted. A camp staff member wearing camp clothing will meet campers at the station. For departing trains, campers will be taken to the train station by a camp staff member. For Amtrak information call 1-800-USA-RAIL or www.Amtrak.com.

If you will be using public transportation, please detach the completed form below and return it to: Bob Deraney Hockey Schools, Providence College, Schneider Arena - Bob Deraney, 1 Cunningham Square, Providence, RI 02918 or fax to 401-865-2382.

TRAVEL INFORMATION FOR THE BOB DERANEY HOCKEY SCHOOL AT PROVIDENCE COLLEGE

Camper's Name & Phone Number

Camp Dates

TO CAMP: (Please include all connecting flight or bus information)

Airport/Station Departing From: _____ Final Destination: _____

Airport/Station: _____

Arrival Date: _____ Arrival Time: _____ Airline: _____ Flight # _____

FROM CAMP:

Airport/Station Departing From: _____ Final Destination: _____

Airport/Station: _____

Departure Date: _____ Departure Time: _____ Airline: _____ Flight # _____

ROOMMATE REQUEST FORM:
BOB DERANEY HOCKEY SCHOOL AT PROVIDENCE COLLEGE

If you have a roommate request, please return this form or information to us 14 days prior to camp starting BY MAIL, FAX or EMAIL. After that, we cannot ensure roommate requests. FAX: (401) 865-2382

Camper's Name

Camp Dates

Roommate Request

B. D. ICE INC., BOB DERANEY HOCKEY SCHOOLS HEALTH & RELEASE FORM

BRING THESE FORMS WITH YOU TO CAMP

(You will not be admitted to camp without this form, completed and signed.)

CAMPER'S NAME: _____

SPORT: _____ CAMP LOCATION: _____ CAMP _____

DATES: _____

Sex: _____ Birthday: _____ Age: _____ Weight: _____ Height: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Work Phone (_____) _____ E-Mail _____

My Phone Number while named camper is at camp (if different from above):

(_____) _____

Person to contact in the event I cannot be reached:

Phone number of emergency contact person:

(_____) _____

HEALTH & GENERAL HISTORY

(Unless this section is filled out: 1) the camper is assumed to suffer from no medical conditions and 2) also assumed the camper is taking no medication.)

If the camper should be restricted from any activity please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the above named camper is in good health and fully able to participate in all activities of the Hockey Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Signed: _____ Date: _____

Please circle those illnesses or conditions that the camper has had:

German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

IMMUNIZATIONS

(show dates)

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Rubella _____

Mumps _____

ALLERGIES

(yes/no)

Hay Fever _____

Asthma _____

Eczema _____

Insect Stings _____

Other _____

DRUG REACTIONS

(yes/no)

Sulpha _____

Penicillin _____

Antibiotics (type) _____

Aspirin _____

Other _____

Physician's Name: _____ Telephone (_____) _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____ Policy

Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signed _____

Date: _____

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of my minor child/ward _____ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and
12. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
14. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Camp, B. D. Ice Inc., Bob Deraney Hockey Schools, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATE SIGNED:

Parent/Guardian’s Signature (Print Name)

AGREEMENT TO ARBITRATE DISPUTES

In the event of any dispute pertaining to any provision of this agreement, or pertaining to the services rendered pursuant to this agreement, or in any way related to attendance at this camp, including any claim for personal injury or other loss, I AGREE TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, before the American Arbitration Association in Worcester, MA or such other venue as deemed appropriate by the AAA arbitrator, such arbitration to proceed under the AAA rules. The terms of this agreement and any claim brought by any Party shall be governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts. Any action brought by any Party not covered by arbitration shall, to the exclusion of all other venues, be brought in a Massachusetts court of competent jurisdiction. I agree to waive any agreement to arbitrate any matter in the event that any insurance coverage would be nullified by the election of arbitration. In the event either party to this agreement incurs any expense as a result of the other party’s failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney’s fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

- A) Arbitration shall be final and binding on the parties.
- B) The parties hereto are waiving their right to seek remedies in court, including the right to jury trial.
- C) Pre-arbitration discovery is generally more limited than and different from court proceedings.
- D) The arbitrator’s (s) award is not required to include factual findings or legal reasoning and any party’s right to appeal or to seek modification of rulings by the arbitrator (s) is strictly limited.
- E) The arbitrator or panel of arbitrators will typically include an attorney or judge, active or retired.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify B. D. Ice Inc., Bob Deraney Hockey Schools, their officers, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp. I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF BOB DERANEY HOCKEY SCHOOLS AND B. D. ICE INC. AND HERBY, AGREE TO ACT IN ACCORDANCE. I further understand that Bob Deraney Hockey Schools and B. D. Ice, Inc. retain the right to use for publicity and advertising purposes, photographs of campers taken at camp.

Dated: _____

Parent or Guardian