

# **Thank you for Registering for the 2020 Bob Deraney Hockey Camp at The Boch Ice Center!**

We want this to be a memorable and exciting experience for your child! 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 **(508) 294-4092**, 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**

- **Boch Skills and Conditioning Sessions** registration is on **Monday, March 9 or Tuesday March 10 for the 4 Session Camp or Monday July 8 or Tuesday July 9 for the 8 Session Camp.**
- Check-in is before your first ice session in the lobby of **The Boch Ice Center** for **ALL CAMPERS.**
- *ON ICE PRACTICES ARE 50 MINUTE SESSIONS.*

### **DIRECTIONS**

- Please see enclosed directions.

### **CAMP ENDS**

- **The Skill Sessions** ends on **Monday, March 30 or Tuesday March 31 for the 4 Session Camp or Monday July 27 or Tuesday July 28 for the 8 Session Camp.**
- All Campers checkout following their final on ice session in the lobby of **The Boch Ice Center.**

### **CAMP PHONE**

Camp Phone: (508) 294-4092

The Boch Ice Center Main Office: (781) 326-0085

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 or have them inform us of your call and we will get back to you as soon as possible.

### **CAMP ADDRESS**

Deraney Hockey Schools  
18 Keyes House Rd.  
Shrewsbury, MA 01545

### **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 not be an athletic trainer on site for any events.

### PAYMENTS

- Full payment of camp fees must be received by our office no later than the first day of camp.
- You will receive a confirmation of your payment
- Any camp fees that are still outstanding on the start date of your camp must be paid before the camper is allowed on the ice. 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 Camp at The Boch Ice Center 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 before the first day of camp, you will receive a full refund of camp fees paid (deposit or full payment). During or after the first day of camp, we will issue you a camp credit pro-rated for all camp fees paid, valid through 2021. This camp credit is transferable to another family member only and may only be used for any Bob Deraney Hockey Camp.

Cancellations made after your camp session begins or during your camp will result in a pro-rated camp credit, valid through 2021. 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.

### CHECKLIST OF THINGS TO BRING

Below is a suggested list of clothes, equipment and personal items. Bob Deraney Hockey Schools & The Boch Ice Center are not responsible for lost or stolen articles or money. DO NOT bring valuable items, such as radios, expensive cameras, cell phones, 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         | <b><u>In Addition, For Overnight</u></b>        |
| <input type="checkbox"/> Athletic/Hockey Socks | <input type="checkbox"/> Health & Personal Form | <b><u>Camp:</u></b>                             |
| <input type="checkbox"/> Hockey Pants          | <input type="checkbox"/> Personal Items         | <input type="checkbox"/> Pillow                 |
| <input type="checkbox"/> Shin Pads             | <input type="checkbox"/> Toiletries             | <input type="checkbox"/> Sleeping Bag or Sheets |
| <input type="checkbox"/> Elbow Pads            | <input type="checkbox"/> Towels                 | <input type="checkbox"/> Fan (Suggested)        |
| <input type="checkbox"/> Skates                | <input type="checkbox"/> Off-ice clothes        |   |
| <input type="checkbox"/> Hockey Gloves         |   |   |
| <input type="checkbox"/> Pelvic Protector/Cup  |   |   |

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

## **DIRECTIONS**

### **The Boch Ice Center**

**The Boch Ice Center, 1105 East Street, Dedham, MA 02026**

Copy and paste the below URL into your web browser for convenient directions from your specific location. Just enter your address and you will be given direction to The Boch Ice Center.

**<https://www.mapquest.com/directions/to/us/massachusetts/boch-ice-center-263139194>**

## 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 Camp participants 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 Camps. 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 (508) 294-4092 with this information and fax to (508) 842-2112. 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 in Providence, Rhode Island and Logan International Airport in Boston, Massachusetts. Please call (508) 294-4092 for late schedule changes, cancellations, etc. The transportation fee is \$50 each way, make the check out to "B. D. Ice, Inc."

**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 their airline until we arrive. Please call (508) 294-4092 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 Camp phone number (508) 294-4092 to their child in case of emergencies.

Please arrange your arrival on the first day of camp between 6:00 a.m.-8:00 a.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 Amtrak train stations in Providence and Boston. Campers should schedule arrival times between 6:00-8:00 a.m. on the first day of camp and between 6:00-8:00 p.m. on the last day. Please call Bob Deraney Hockey Camps 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 Camps, Bob Deraney, 18 Keyes House Rd., Shrewsbury, MA 01545 or fax to (508) 842-2112.

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### TRAVEL INFORMATION FOR THE BOB DERANEY HOCKEY CAMP AT THE FIDELITY BANK WORCESTER ICE CENTER

\_\_\_\_\_  
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 # \_\_\_\_\_

# B. D. ICE INC., BOB DERANEY HOCKEY CAMPS 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 RELEASEES 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 \_\_\_\_\_