

**WELCOME TO THE POLAR BEAR LACROSSE CAMP AT  
Bowdoin College  
BRUNSWICK, ME**

**Girls Camp July 9-12, 2017 – Director - Liz Grote**

We are looking forward to seeing you at camp this summer! Please read the enclosed information carefully. If you have any questions, please call me at 207-522-2580.

- Camp begins with **registration from 11:30 – 1:00 PM** on the first day for all campers (overnight and commuter campers). Registration will take place at Watson Arena on the Bowdoin Campus. You will register at Watson arena THEN go to the Coffin Street parking lot to park and move into your dorms.
- Lunch is the first meal at camp on Sunday so you can register, get into your room and then eat lunch in the dining hall. **Be ready for the ALL CAMP MEETING 1:45!** The first session will begin at 2:30 following the camp meeting.
- Health and Release Form – **IMPORTANT** – This completed form **must be brought to the camp at registration**. Campers will not be admitted to camp without this form. The form is INCLUDED in this packet. Please do not send this form in with your payment.
- **Final Payments are due by July 1st.** Please send payment in form of Check to:  
Liz Grote  
Polar Bear Girls Lacrosse Camp  
Bowdoin College  
9000 College Station  
Brunswick, ME 04011
- Reminder of Cancellation Policy: A camp credit will be issued to any camper who must cancel prior to camp. The credit will be for the amount paid by the camper minus a \$50 administration fee. The credit is transferable to another family member and is good through the 2018 season.
- For Directions go to:  
<http://www.bowdoin.edu/about/visiting/directions.shtml>
- Camp **departure** is on the **final day at 12:00**. Parents are encouraged to attend the end of the morning session on the last day. The last session games will be held from 10:45-11:45 on Wednesday July 12th.
- **Commuting Campers** – Beyond the first day, you should plan on arriving at 8:45AM AT THE DORMS and being picked up at 8:15 P.M. after the evening session at the FIELDS. **You must check in and out EACH day with Katie Hawke. Lunch and dinner and pool use are included.**
- Spending Money – It is not recommended that excessive amounts of cash be brought to the camp. There will be pizza available for purchase each evening. Please remind your camper to keep any spending money for snacks and such in a secure place.
- We want to ensure your child a safe and positive environment during their time at camp. Drugs, alcohol and cigarettes are strictly forbidden, and will result in immediate dismissal from camp without a refund.

I look forward to seeing you at camp on July 9<sup>th</sup>!

-Coach Grote-  
Polar Bear Lacrosse  
Bowdoin College Head Coach

# POLAR BEAR LACROSSE CAMP HEALTH HISTORY & RELEASE FORM

**\*\*You Must Bring This Form to Camp\*\***  
**(You cannot be admitted to camp without this completed form)**

Camper's Name \_\_\_\_\_ Age: \_\_\_\_\_ Ht. \_\_\_\_\_ Wt: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**HEALTH HISTORY**

**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 history which would require special attention:**

**Has the camper had any of the following? (Please circle for YES):** Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia.

Please date any of the applicable below.

**ALLERGIES**

(yes/no)

Hay Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Eczema \_\_\_\_\_

Insect Stings \_\_\_\_\_

Other (type) \_\_\_\_\_

**DRUG REACTIONS**

(yes/no)

Sulpha \_\_\_\_\_

Penicillin \_\_\_\_\_

Antibiotics (type) \_\_\_\_\_

Other \_\_\_\_\_

**Physician's information**

Name \_\_\_\_\_

(Address) \_\_\_\_\_

(Telephone) \_\_\_\_\_

**INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent of \_\_\_\_\_, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking this action. I hereby waive and release the Polar Bear Lacrosse Camp LLC, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

(Sign) \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

My Phone Number while my child is at camp: (if different from above): (\_\_\_\_) \_\_\_\_\_

Person to contact in the event I cannot be reached: \_\_\_\_\_

Phone number of emergency contact person: (\_\_\_\_) \_\_\_\_\_

**I understand Polar Bear Lacrosse Camps retains the right to use for publicity and advertising purposes, photographs of campers taken at camp:**

\_\_\_\_\_  
Signature

## **Checklist of things to bring:**

Health Form	Off-field clothes
Lacrosse stick	Portable fan (recommended)
Goggles	Sleeping bag
Running shoes	Bathing suit/towel
Mouthpiece	Toiletries
Cleats	Shower towel
Athletic socks (lots)	sheets and pillows provided
T-shirts	Sunscreen
Shorts	
Spending Money	

GKs- Helmet, gloves, chest protector, shin guards, mouthpiece

PLEASE look at the weather before you arrive to camp so you can pack appropriately.

**If it going to be a rainy week please be sure to bring PLENTY of sweatshirts, sweatpants, socks and t-shirts! Let's hope for sun!!**