

# Volleyball Winter Clinic Camper Information Packet – <u>Day Clinic</u>

	Check-In	Check-Out		
Date	Sunday, March 23, 2025 at 9:15am	Sunday, March 23, 2025 at 5:00pm		
Location	Dillon Gymnasium Lobby	Dillon Gymnasium		
Notes	All participants must check-out in person at the designated check-out location. If you need to depart			
	early, please make arrangements with the coaching staff at check-in.			

## **DIRECTIONS TO CAMPUS**

There are no physical addresses for any of Princeton's Athletic Facilities. If you are unfamiliar with campus, we recommend that you visit <u>Google Maps</u> to obtain directions to the check-in/check-out location.

## **PARKING**

Parking will be available in the Theater Drive Garage and Parking Lot 20. Please be sure to bring all of your belongings with you to check-in. Remember, parking in an unauthorized lot is not permissible.

## CAMP REGISTRATION/LATE ARRIVALS (Overnight Camps ONLY)

We strongly encourage that you arrive during the scheduled check-in time to ensure that you receive all of the necessary camp information; and have the opportunity to attend the orientation meeting that will be held immediately after check-in. If you arrive past the scheduled check-in time, you should still report to your check-in location as camp staff may still be present. If there are no visible staff members, your room assignment and dorm key (for overnight camps) will be available for pick-up at the Department of Public Safety (200 Elm Drive); which is adjacent to Baker Rink. There will also be a schedule and campus map attached so you can locate your sports camp.

## **ROOMING ASSIGNMENTS (Overnight Camps ONLY)**

Housing assignments are not done until the evening before camp, and in some cases the morning of camp. When you arrive at check-in you will be able to find out who you are paired with.

Please keep in mind that while we do everything we can to accommodate each participant's one request, we do not guarantee roommate requests or guarantee that entire teams or participants from the same school will be housed in the same building or on the same floor.

#### **SEVERE WEATHER**

In the event we have to cancel a camp/clinic session due to severe weather, we will attempt to contact you using the information provided on your registration form. We will also post cancellation notices on our website.

## CAMP/CLINIC CONTACT PHONE NUMBER

Camp Office (9:00am – 5:00pm, Monday-Friday) 609.258.3369

## **MEDICAL CARE**

It is absolutely essential that participants are in good physical condition prior to the camp/clinic. We will have a Health Director on staff to handle injuries that occur during the camp/clinic; however they cannot treat pre-existing conditions.

Please remember to follow healthy hygiene practices in regards to washing hands, face coverings and proper behavior when sneezing/coughing throughout the entire camp/clinic.

## **REQUIRED FORMS**

Each participant is required to upload 3 items to their Active Network account in order to participate during the camp/clinic. Without these items completed in their entirety, individuals will not be permitted to participate during the camp/clinic.

## Parental Release Form (1 page)

The Parental Release Form must be completed and signed by the participant's parent/legal guardian and includes areas to list an emergency contact.

## Health Form (2 pages)

The Health Form must be completed and signed by the camper's parent/legal guardian and covers the participant's medical history, insurance policy, allergies, medications and any limitations.

Copy of Immunization Records (parent to obtain a copy from family doctor)

The participant's immunization records must be in compliance with the state of New Jersey.

## **IMMUNIZATION REQUIREMENTS**

New Jersey Youth Camp Standards (N.J.A.C. 8:25) require participants to be immunized with the vaccinations required for child-care center, preschool or school attendance as appropriate for the participant's age, according to the immunization schedule found in N.J.A.C. 8:57-4. An immunization schedule can be found at <a href="https://nj.gov/health/cd/documents/imm\_requirements/k12">https://nj.gov/health/cd/documents/imm\_requirements/k12</a> parents.pdf.

## **MEDICATIONS AT CAMP**

In accordance with N.J.A.C. 8:25-5.3(h), Princeton University will not administer medications of any type (prescription or over-the-counter) to participants of any age. Princeton University will not be held responsible for housing/storing medication(s). Parent(s)/Legal Guardian(s) and participants will be held responsible for administering and housing/storing medication(s) in a discrete place during the clinic.

We strongly recommend Parent(s)/Legal Guardian(s) of participants that have been prescribed medication(s) that are self-administered to treat potentially life-threatening conditions (ie. inhalers, EpiPen) meet with the Health Director during check-in to discuss their use.

## CODE OF CONDUCT

The Code of Conduct was signed during online registration. It outlines general expectations of the participant while attending a program at Princeton University as well as fees associated with lost items.

## ADDITIONAL ITEMS

- Please keep in mind that spectators may have limited access during indoor and outdoor sports camps/clinics.
- Feel free to refer to our <u>Frequently Asked Questions</u> in addition to the information included within the camper information packets.

## **REQUIRED EQUIPMENT**

All campers must provide their own equipment.	. Please make sure you	have these items	prior to your a	arrival as	we do
not have equipment to rent or borrow.					

Gym Clothes (shirts, shorts & socks)
Gym Shoes



## **2024-25 PARENTAL RELEASE FORM**

l,	, am the legal pa	rent/guardian of	
(Parent/Guar	dian Name)	(Ca	amper Name)
and give permission for th	ne camper to attend and participate in t	he Princeton University	
		(Ca	amp Name)
which will be held on	_//to/	-	
On behalf of the camper,	the camper's parents and/or legal guard	dian, I hereby:	
<ol> <li>agree to assume activities;</li> </ol>	all risk of personal injury and property	loss arising from participation in any c	amp athletic and recreational
<del>-</del>	rmless the camp staff, The Trustees of P responsible for any injury or property lo vities;		· · · · =
first aid and/or e reasonable effor	to the camp staff or medical personnel mergency treatment that they deem ne t will be made to contact me, or the em ed are at my expense;	ecessary to the camper's health and w	ell-being. I understand that
4. agree to accept a	any decisions made by the camp staff in	the termination of camp attendance;	
permission to vic	es of Princeton University, its trustees, of deotape, photograph or otherwise recor perpetual basis, for all purposes consist	d the camper and to use such recordi	ngs and biographical data in
legal guardian, I release T from any and all claims w	ission for the camper to participate in the Trustees of Princeton University, its hich the camper, the camper's parents of, or connected in any way with, their p	trustees, officers, agents, representat and/or legal guardian, may have as a i	ives, employees and students result or personal injury or
Parent/Guardian Signatur	e:		Date://
Parent/Guardian Name: _			
1 <sup>st</sup> Emergency Contact Na	me:	Phone #:	
2 <sup>nd</sup> Emergency Contact Na	ame:	Phone #:	<del>-</del>

Please upload in advance to your ACTIVE ACCOUNT.

This form is required for each camp you are attending. Please upload a copy for each camp.



## **2024-25 HEALTH FORM**

NAME OF CAMP:		 		
CAMP DATES:				
CAMPER'S PERSONAL INFOI	<u>RMATION</u>			
Camper's Name:		 G	ender:	
Date of Birth:		 A	ge:	
Permanent Address (street):		 		
City:				
Home Phone:	Cell:	 E-mail:		
Primary Emergency Contact:  If the camper is under the age of the camper is under the age of the camper.			t/guardian. iip:	
Home Address:				
Home Phone:				
E-mail:		 _		
Secondary Emergency Contact	:			
Name:		 Relationsh	iip:	
Home Address:		 		
Home Phone:	Work: _	 	Cell:	
E-mail:				

IMPORTANT: All campers are required to provide up-to-date immunization records upon arrival at check-in. Please refer to page 2 of the Heath Form to obtain more information about immunization requirements for Princeton University Sports Camps.

## Please upload in advance to your ACTIVE ACCOUNT.

This form is required for each camp you are attending. Please upload a copy for each camp.

Revised: November 2024

		Cam	per's Last Nar	me:			
INSURANCE INFORMATION:							
Health Insurance Carrier:							
Policy Holder's Name:							
Policy Number:		Group Number:					
HEALTH HISTORY:							
Does the camper currently have any alle	ergies or history of cor	ncussions? List all	that apply:				
Please provide any information about of fully participate in the program:		=					ility to
Has the camper been hospitalized withi							
Is the camper currently taking any medi If yes, please list the drug(s) and dosage						S	
In accordance with N.J.A.C. 8:25-5.3(h), counter) to camp participants of any age Parent(s)/Legal Guardian(s) and camp p discrete place during camp.  We strongly recommend Parent(s)/Legal administered to treat potentially life-the discuss their use.	e. Princeton Universit articipants will be held al Guardian(s) of camp	y will not be held d responsible for participants that	responsible for administering a have been pre	r housing/sto and housing/ escribed med	oring med /storing m	lication(s nedication that are	s). on(s) in a e self-
IMMUNIZATION HISTORY:							
All Princeton University Sports Camp p office or a valid medical and/or religious immunization schedule set forth at Immunicating that immunization is in progrecords.	us exemption from im munization of Pupils i	munization. All on School, N.J.A.C.	campers must 8:57-4 or prov	provide reco vide an offici	ords that sial letter f	satisfy tl from a p	<mark>he</mark> hysician
New Jersey Youth Camp Standards requ or school attendance as appropriate for immunization schedule can be found at not comply with this schedule will not b	the camper's age, acc https://nj.gov/health	cording to the imi /cd/documents/ii	nunization sch	edule found	in N.J.A.C	. 8:57-4	. An
I am the legal parent/guardian of the all requested is complete and correct.	bove named participar	nt. I hereby certify	that to the be	st of my kno	wledge, ti	he inforr	nation
Parent/Guardian Signature:					Date:	/	_/
Parent/Guardian Name:							

## Please upload in advance to your ACTIVE ACCOUNT.

This form is required for each camp you are attending. Please upload a copy for each camp.

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## 2024-25 Code of Conduct

## PROGRAM CODE OF CONDUCT

Welcome to Princeton University! While you are on campus, we hope you'll enjoy your program and our grounds and join us in upholding the values and standards of the University, which are summarized below. (Your individual program may have additional requirements, and your program sponsor will provide those requirements to you).

## 1. Personal Safety

The University prohibits conduct that threatens or endangers the personal safety or security of others. This includes, but is not limited to: (a) engaging or participating in activities that threatens the safety, or threatens the property, of others; or (b) using or possessing weapons, including any guns that shoot projectiles (including paintball, BB, air), explosive or incendiary device (including firecrackers and other fireworks), toy guns, and objects capable of being used as weapons.

#### 2. Sexual Misconduct

The University prohibits sex or gender discrimination, including sexual misconduct such as sexual harassment and sexual assault, stalking, and intimate partner violence. These behaviors, which are described in detail in Section 1.3 of Princeton University's <u>Rights, Rules and Responsibilities</u>, are harmful to the well-being of our community members, the learning/working environment, and collegial relationships among our community members.

#### 3. Alcohol and Drugs

The University prohibits the consumption and serving of alcoholic beverages by and to persons under 21 years of age. In addition, the University prohibits the unlawful use or distribution of controlled substances in any amount on University property, or in connection with a University activity. (This includes the use or distribution of prescription drugs without a prescription.)

## 4. Disorderly Conduct (or Violation of Applicable Laws)

Participants are expected to conduct themselves in accordance with the law and commonly accepted standards of behavior. As such, the University prohibits behaviors that disrupt and disrespect the working and/or living conditions of others. This includes, but is not limited to, excessive noise and combative or disruptive conduct with University personnel or summer program participants.

## 5. Respect for Others

Respect for the rights, privileges, and sensibilities of others is essential in preserving the spirit of community. The University prohibits abusive or harassing behavior, verbal or physical, which demeans, intimidates, threatens, or injures another because of personal characteristics or beliefs or their expression.

## 6. Use of Campus Resources (including dormitories and program spaces)

The University prohibits: (a) vandalism; (b) the destruction of the property of others, or of the University; (c) theft or unauthorized use or borrowing of property or services; (d) the unauthorized use of the University's technology resources or communications services; or (e) unauthorized occupancy including no guest policy in University residential units or other University spaces.



## 2024-25 Code of Conduct

## 7. Use of Information Technology (IT) Resources

All users of the University's IT resources, including campus wireless systems, are subject to the regulations and policies set forth in Princeton's IT policy.

#### **AUTHORIZED PICK-UP**

Parents/Legal Guardians that do not wish to have their child(ren) return their issued items and sign themselves out of the program on the last day must e-mail (camps@princeton.edu) the name and phone number of authorized individual(s) that may sign their child(ren) out of the program and return any issued items. Notice must be received at least 2 days prior to the start of the program. If notice is not received at least 2 days prior to the start of the program, we will permit your child(ren) to sign themselves out of the program on the last day and return any issued items.

I have read, understand, and accept the Code of Conduct and Authorized Pick-Up. I will make sure that my child reads, understands and accepts both as well. I understand that if Princeton University determines that my child(ren) have failed to comply with the Code of Conduct, this may result in my removal from the program and/or campus and in my having to pay additional fees. I understand that if my child(ren) are removed from the program and/or campus for violating the Code of Conduct, I am not entitled to a refund of any kind.

Princeton University student conduct is governed by the University's Rights, Rules and Responsibilities.

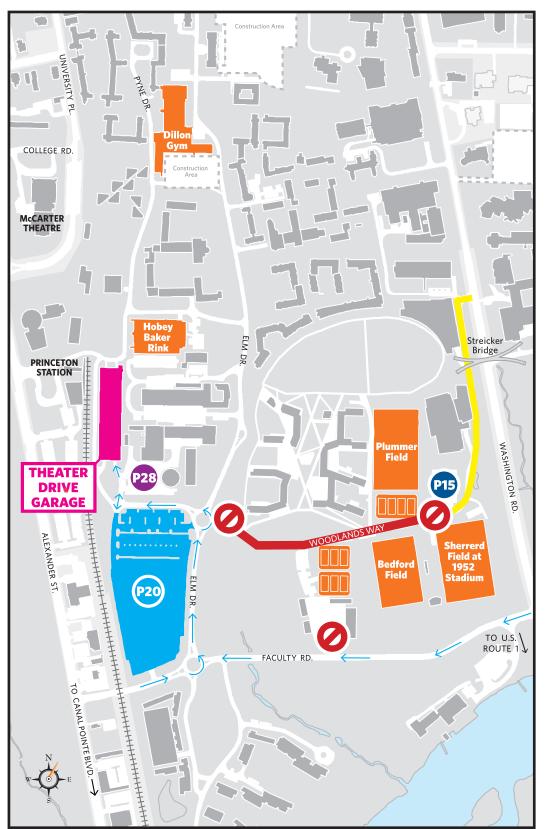
Participant Name (please print):				
Program / Sports Camp:				
Parent / Legal Guardian Signature:	Date:			

This document was signed electronically during the online registration.

This copy is for your reference.

## West Campus Athletics Event Parking & Tailgating

BEDFORD FIELD • SHERRERD FIELD AT 1952 STADIUM • HOBEY BAKER RINK • DILLON GYM • OUTDOOR VARSITY TENNIS • PLUMMER FIELD



## **EVENT PARKING**

P20

## THEATER DRIVE GARAGE

After 4 pm, Monday-Friday; Weekends

# APPROVED TAILGATING AREAS

**P20** 

P28\* (Teams only) After 4 pm, Monday-Friday; Weekends

# GRILLING IS PERMITTED IN P28 ONLY

## **MAP KEY**



Route to parking and approved tailgating areas



Accessible parking only



No vehicular access



Restricted access



Athletic facilities

UPDATED: 8/11/22