



Dear Camper,

Thank you for registering for the Villanova Wildcat Lacrosse Camp, July 10th-13th.

**Registration Details:** All campers (Overnight and Commuters) need to check in.

**Where:** Sullivan Hall (building #26 on campus map)

**Time:** 11:30-12:30

**Parking:** You will need to park in our big parking garage (I-1) on the corner of Lancaster Avenue and Ithan. From the garage, bring your luggage, and walk to the corner of Lancaster and Ithan. Walk diagonally across the street to the opposite corner (Villanova Stone Signage). Proceed to walk between buildings #25 and #27 and you will come to an open courtyard. Registration will take place inside the courtyard in front of Sullivan Hall. (SEE ATTACHED MAP)

**12:45 pm Camp Meeting:** Camp will begin promptly at 12:45. All campers need to be outside in the courtyard ready to go. We will have a short meeting and then depart for the fields. (Parents do not need to stay for the meeting).

**CAMP FORMS:** You will need to bring 2 signed forms to registration, Your daughter may not participate unless we have both the Health & Parental Release form and Waiver.

**Health & Parental Release:** This form can be found on the last page in this packet. This form does not need a physician's signature.

**Waiver:** The waiver is attached in a separate document. **This document needs to be signed by both the participant and a parent/legal guardian. (typed names are not accepted).**

**Dorms:** All rooms have punch in codes. You will receive an envelope with your code.

**Pinnie:** Once you hand in your camp forms and receive your housing assignment, go to the pinnie table to receive your pinnie. The pinnie needs to be worn at all sessions.

**Check-out:** Camp will end on Thursday, July 13<sup>th</sup>. We will end the morning session at 11:30 and then walk back to the dorms for the overnight campers to check-out. Commuters may check-out at the field if their parent/legal guardian is at the field.

I look forward to seeing you on the 10<sup>th</sup>.

Sincerely,

Julie Young  
Head Women's Lacrosse Coach  
Villanova University

**For Questions? Contact Assistant Camp Director  
Nicole Flego (215)380-5074 cell, villanovalax@gmail.com**

More details....

- We will use both turf and grass fields.
- Gatorade and water will be provided during the training sessions at all fields.
- We will have an athletic trainer on site at all times. If you have any special medical or dietary needs, please talk to the trainer at check-in.
- Campers will stay in **air-conditioned dorms** and will be supervised by our staff throughout the day and night.
- Overnight campers will be provided all meals in our dining hall. Commuters will receive lunch and dinner.
- If you have not made your roommate request, please email [villanovalax@gmail.com](mailto:villanovalax@gmail.com) ASAP.
- Address: 800 E Lancaster Avenue, Villanova, PA 19085

**Wildcat Camp Schedule**

**Monday, July 10th**

Registration 11:30-12:30  
Camp Meeting 12:45pm  
Session 1:00-4:00pm  
Dinner 5:00pm  
Session 6:15-8:30pm  
Evening Activity

**Tues, July 11th & Wed. July 12th**

Breakfast 7:30am  
Session 9-11:30am  
Lunch 12:00  
Session 1:00-4:00pm  
Dinner 5:00pm  
Session 6:15-8:30pm  
Evening Activity

**Thursday, July 12th**

Breakfast 7:30am  
Session 9-11:30am  
Camp Check out 11:30-12:00pm

**Camp Fields:**

Field 1: Stadium  
Field 2: Austin  
Field 3: Pike  
Field 4: Higgins Soccer Field

**SPENDING MONEY:**

There will be a camp store for campers to purchase pizza, snacks, drinks and Villanova Lacrosse apparel.

**Commuter Details:**

Monday: Registration Check-in at Sullivan

**Drop Off:** 8:45am Sullivan Hall

**Pick-up:** 8:45pm Sullivan Hall

**If you are running late in the morning, please text or call Nicole Flego (215)380-5074**

\*\*Last morning, commuters may depart from field, if their parent/legal guardian is at the field.

**PACKING CHECKLIST:**

T-shirts  
Shorts  
Sweat Shirts (Dorm can get cold)  
Sweat Pants  
Sports Bras  
Underwear  
Socks  
Pajamas  
**Sunscreen**  
Toiletries  
Lacrosse Stick  
Mouth guard  
Goggles  
Cleats or Turfs  
Sneakers  
Flip-flops  
Water Bottle  
Sheets (twin beds)  
Towels  
Pillow  
Money for Camp Store

# VILLANOVA WILDCAT LACROSSE CAMP

## **Parental and Health Form**

Campers will not be allowed to participate without this completed health and parental release form.

### **BRING HARD COPY WITH YOU TO REGISTRATION**

I, \_\_\_\_\_, give permission for  
\_\_\_\_\_ to attend and participate in the Villanova Girls' Lacrosse  
Camp, July 10<sup>th</sup>-July 13<sup>th</sup> 2017, in Villanova, PA.

I authorize the staff of this camp to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I herby:

1. Certify that, to the best of my knowledge, the medical information provided is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve potential for injury.
3. Agree to allow the camp director and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
4. I certify that the above-named individual is able to participate fully in the activity listed above, based on physical examination within 12 months prior to said camp date.

\_\_\_\_\_  
(Signature of Parent) (Date)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

### **Medical History**

Has your daughter been diagnosed with a concussion? *Yes or No (circle one)*

Date and detail of injury: \_\_\_\_\_

List any recent sport injury: \_\_\_\_\_

### **Allergy History (Yes/No)**

Asthma \_\_\_\_\_ Insect Sting \_\_\_\_\_ Food Allergy: \_\_\_\_\_ Other: \_\_\_\_\_

If medication will be taken during camp, indicate name of the drug and dosage:

\_\_\_\_\_

Please list any pertinent medical information we should know about.

\_\_\_\_\_