



Welcome to the Ocean Hockey Academy

We have put together a brief outline to ensure all campers are ready for a fun filled and educational week.

Arrival & Departure

Students should arrive and report to Registration, located in the Main Lobby of the rink, by 7:45am daily. Students will depart each day at 4pm, pick up from Main Lobby. Parents/Guardians listed on Registration Form will be the only adult allowed to pick up the student(s). ID may be required. Written authorization will be accepted for pick up.

Banking

We discourage students to carry any money with them throughout the week. The office will offer a cash bank, allowing a parent/guardian or student to deposit money into the bank and withdrawal any amount throughout the day for any necessary purchases. (i.e snacks, Pro Shop purchase, skate sharpening or misc. needs) The bank will be available for deposits the first Monday of week.

Camp Discipline

Any violation of camp rules, regulations or policies (i.e willful damage to camp or rink property, theft or any other detrimental behavior) will result in dismissal. There will be no refund of tuition upon expulsion or voluntary withdrawal from camp.

Clothing

Light summer clothing is suggested for off ice activities. Sweatshirts & long pants are recommended for wear inside the rink. All clothing must be labeled clearly and permanently. Flip Flops are not permitted.

Electronic Equipment

I-Pods, DVD Players, I-Pads, Computers, Cell Phones or any electronic games are not welcome to the camp. Ocean Hockey Academy or any of its affiliates will not be responsible for any lost, stolen or damage of any items.

Equipment

Each camper is responsible to have full equipment (including but not limited to):

- Helmet with Approved Facemask
- Throat Protector/Mouthguard (MANDATORY)
- Shoulder Pads
- Elbow Pads
- Hockey Gloves
- Hockey Pants
- Shin/Knee Pads
- Hockey Hose/Socks
- Ice Skates
- Athletic Supporter & Cup
- Garter Belt/Tape Suspenders
- Hockey Stick

Please make sure all equipment is clearly labeled with child's first & last name.

Meals

All meals are homemade and served by our Ocean Hockey Academy staff. Each group will eat at specific time daily. No food of any kind may be brought by your camper. We ask for your full cooperation. Students are not permitted to leave the property at any time for meals. Parents/Guardians are not permitted to bring in lunch daily.

Off Ice

All dryland and off-ice activities will be under supervision of an adult during the planned day and will be separated by age and maturity for all activities.

Phone Calls

Campers are not allowed in-coming calls except in case of emergency.

Pro Shop

Ocean Hockey Supply offers a full line of hockey equipment needs for all campers. Should your camper break any equipment or need to replace any item, the Ocean Hockey Supply Pro Shop will be available to purchase products. Skate Sharpenings must be done before camp begins or after camp ends.

Transportation

All transportation for the camper is the responsibility of the parents/guardian. Please call the office if you have any questions. For your convenience a map is enclosed with directions to the Ocean Hockey Academy.

If there are any unanswered questions, please give us a call so that we may help your camper have a great learning experience.

Thank you

Ocean Hockey Academy Staff



Directions to Ocean Hockey Academy

197 Chambers Bridge Road Brick, NJ 08723

From the North

1. Go South on Garden State parkway
2. Proceed To Exit 91 (Brick, Lakewood)
3. Road splits after toll. Stay Right.
4. Go South on Lanes Mill Rd (2 miles) Road changes into Chambers Bridge Rd
5. Go South on Chambers Bridge Rd, take U-Turn on Right onto Ovation Way (1 mile)
6. We are on the right.

From the South

1. Go North on Garden State Parkway.
2. Proceed to exit 90. (Brick)
3. Go South on Chambers Bridge Rd., take U-Turn on Right onto Ovation Way (1 mile)
4. We are on the right

From the West

1. Go North on New Jersey Turnpike.
2. Proceed to exit 7A (I-195, Shore Points)
3. Go East on I-195 to the Garden State Parkway
4. Proceed to Exit 91 (Brick, Lakewood)
5. Road splits after toll. Stay Right.
6. Go South on Lanes Mill Rd (2 miles) Road changes into Chambers Bridge Rd
7. Go South on Chambers Bridge Rd, take U-Turn onto Ovation Way (1 mile)
8. We are on the right.

Hotel Accommodations

Discounted Hotel Guestrooms Have Been Reserved

Holiday Inn Toms River Hotel

290 Route 37 East Toms River, NJ 08753

Rate \$99 per night

To Make Reservations Call 732.244.4000 or visit www.hitomsriverhotel.com.

Reference Group Code: OIP for discounted rate.

Camp Registration Forms

Emergency Contact List

Camper Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Mother's Name: _____

Daytime Phone: _____

Evening Phone: _____

E-Mail: _____

Father's Name: _____

Daytime Phone: _____

Evening Phone: _____

E-Mail: _____

Emergency Contact Person: (other than parents)

Name: _____

Relationship: _____

Daytime Phone: _____

Evening Phone: _____

Mandatory Health Information

Does your child have physical, medical or emotional problems? Yes No

Does your child take any medications on a daily basis? Yes No

If yes, list medications: _____

Does your child have any known allergic reactions to the following?

Bee Sting, Peanuts, Chocolate, Penicillin

Other: _____

Health History

Please advise of any limitations, injuries, additional information we should be aware of to insure your child has a fun experience this summer.

Any personal problems, Explain: _____

Behavior Problems, Explain: _____

Learning Problems, Explain: _____

Recommendations/Restrictions: _____

Please call of our office if we need additional information.

Immunizations (Write appropriate date of immunization)

DP Series _____, Polio _____, Tetanus _____

Measles (MMMR) _____, Haemphilis (HIB) _____

Is child up to date with Tetanus vaccine or Tetanus booster shot? Yes No

In case of emergency, I understand every effort will be made to contact parents/guardian of camper. In the event that I cannot be reached I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this application.

Parent Signature: _____ Date: _____

Physician's Name: _____ Physician's Phone: _____

Date of Last Physical Exam: _____

Physician's Signature: _____

Medication Authorization

I, _____, the Parent and/or Legal Guardian of _____ hereby give permission for the Ocean Hockey Academy to administer the following medications. I do/do not (circle one) authorize Ocean Hockey Academy to administer non-prescription, readily available, over-the-counter medications, such as Pepto-Bismal, Tylenol etc. I authorize Ocean Hockey Academy to administer the prescription medications that I have supplied, according to the label instructions on the container.

List Prescription Medications:

Parent Guardian Signature: _____

Date: _____

Mandatory Camper Pick-Up Authorization Information

Child's Name: _____ Age: _____ Gender: M/F

Please list, including yourself or spouse, who might pick up your child at the end of their day. Until we know that person, ID will be required. It is mandatory that this form be part of your child's summer file. Thank you!

Name	Relationship	Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Waiver and Release of Liability and Consent for Treatment

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to any children's program, including but not limited to participation in recreational activities, sporting activities, lesson/classroom activities, use of equipment, off-premise activities, a child's failure to follow instructions of supervisors, communicable illness, and independent acts of this parties not under the control of supervisors. I acknowledge that all risks cannot be prevented and that the risk of injury may be minor or serious and may result from one's actions, or the actions of inactions of others or a combination of both. I agree that it is my sole responsibility to ensure my child fitness to participate in this program. I attest that my child is in sound condition to participate in all activities and I will take responsibility to see that my child is prepared for all activities and is in good health each day of the camp session.

I recognize that ice skating in and of itself is dangerous and that the playing of ice hockey is an inherently dangerous sport and can be hazardous and can possibly cause injury. I acknowledge that I, on behalf of my child, have sought his or her participation in the program of instruction and/or the participation of the sport of skating or ice hockey with knowledge of danger involved and I assume, on his or her behalf, any and all risk of injury, death or property damage.

As a condition of acceptance of my child in the Ocean Hockey Academy/Ocean Ice Palace Summer Camp, I hereby knowingly and willingly assume all risks associated with child participation therein. In addition, I hereby agree on behalf of myself, my child, their heirs, executors and assigns, to hold harmless, waive and release Ocean Hockey Academy, its Summer Camp and affiliated rinks, its owners, directors, officers, operators, administrators, officials, employees, agents, representatives, and independent contractors from and against any and all claims, demands, losses or liability of any kind or mature which may arise in connection with any and all injuries, loss or damage, including permanent disability, death and damage to property, suffered by my child while enrolled in the Ocean Hockey Academy Summer Camp/Ocean Ice Palace.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact names below. However, in the event that I or my contacts cannot be reached, I give my permission to the adults in charge of the Ocean Hockey Academy/Ocean Ice Palace to secure and receive emergency medical or first aid treatment for my child, including transport via ambulance to a hospital if needed. I consent to the sharing and release of any medical information listed in the Medical Form with the appropriate staff members of the Ocean Hockey Academy/Ocean Ice Palace and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

I agree that any photos taken of my child while participating in this activity can be used for marketing and promotional purposes.

I am the Parent/Legal Guardian of _____. I have read and understand the above waiver and release and informed consent agreement in its entirety. I understand that I give up certain rights by voluntarily signing it and I nevertheless agree to be bound by its terms and give my consent for my child to participate knowing all of the foregoing.

Parent Guardian Name (PRINTED)

Parent Guardian Signature

Date

**Ocean Hockey Academy 197 Chambers Bridge Road Brick, NJ 08723
732.477.4411 oceanhockey.com**