

# TAHOE HOCKEY ACADEMY

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2478 Old Meyers Grade Road | Lake Tahoe, CA 96150 |



# WELCOME

Our behalf of all of us at Tahoe Hockey Academy Camp it gives me great pleasure to welcome you and your son to our 2026 camp experience. It truly is an honor to assist in building not only a better hockey player, but also a more confident, and composed young man throughout this process.

Whether this is your son's first Tahoe Hockey Academy Camp or he's a returning for another season, my goal is to make this a one of a kind experience. There's no question there's hard work in store, but there's also smiles, laughter, and lasting memories as well.

Our camp is designed to challenge the players to challenge themselves, but also provide a fun and rewarding experience throughout the week. I have no doubt that through this process your son will be able to set new goals, and achieve new heights of development by the end of camp.

I sincerely thank you for the opportunity to work with your son throughout the next week and once again thank you for choosing Tahoe Hockey Academy as your premiere summer hockey camp destination.

Regards,

*Michael Lewis*

Michael Lewis  
Director  
Tahoe Hockey Academy

# TAHOE HOCKEY ACADEMY CAMP

## CAMP RULES AND REGULATION



In order to provide a safe experience for all camp participants the following Tahoe Hockey Academy Camp Rules and Regulation must be adhered to at all times.

### Our Camper Rights Policy

- Every camper has the right to be treated with respect.
- Every camper has the right to participate in a friendly environment.
- Every camper has the right to be safe from bullies.
- Every camper has the right not to be threatened.

### Our Camper Rules and Regulations Policy

- Campers are required to be under the supervision of Camp Directors at all times.
- Campers are to follow the direction of their Camp Directors or Counselors at all times.
- Campers are not to roam around the camp grounds on their own.
- Campers are not to leave the lodge after curfew.
- Campers are expected to clean up after themselves and respect the camp property.
- Campers are asked to wear sneakers or closed-back shoes, as opposed to sandals or flip-flops.
- Please refrain from bringing tablets, game players, DVD players, or other devices to camp.
- Please refrain from bringing peanut butter, peanuts, or other peanut based substances to camp.
- Under no circumstances are lighters, matches or flammable liquids allowed at camp.
- No name calling –not even jokingly, no foul language.
- No hitting, pushing or play fighting.
- No weapons of any kind are allowed at camp.
- No cigarettes, alcohol, or drugs other than prescribed by a licensed physician are allowed at camp.
- Please refrain from wearing jewelry at camp.
- Please do not bring money to camp. Best to have a debit card.

### Disciplinary Action:

A warning will be given for offenses that warrant such. For all serious breaches of Camp Rules and Regulations, i.e., fighting, curfew off property, weapons, drugs, hazing, etc., a camper may be suspended from the camp. The camp participants parents will be notified at the time of any serious breach of Camp Rules.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Camp Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

# TAHOE HOCKEY ACADEMY CAMP

## CAMP EXPERIENCE FORM



At Tahoe Hockey Academy Camp we strive to provide a fun and rewarding camp experience for your son both on the ice and off. Even under the best circumstances we understand that camp participants may become home sick when out of their regular routine for a prolonged period of time. Rest assured that this is a common occurrence and one that we are poised to deal with in a personal, yet professional manner.

Home sickness in children includes, but is not limited to the following behavior:

- *Social withdrawal*
- *Unwillingness to engage in and commit to social events*
- *Change in mood (less talkative, isolates himself from the group)*

**In the event that a camp participant does present these characteristics please note the following protocol that will be implemented.**

**Step 1:** Camp Directors will speak with the participant to ease their anxiety.

**Step 2:** If condition persists, participant will be given the opportunity to call their parents.

**Step 3:** Camp Directors will speak with the parents about participants current state (mild case or heavy)

**Step 4:** If agreed upon participant can check in daily to speak with parents.

### PLEASE COMPLETE PARENT CONTACT INFORMATION BELOW

#### PARENT CONTACT

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PARENTAL SIGNATURE

By signing below I acknowledge the protocol in place for dealing with the anxiety associated with being away from home for a prolonged period of time. (Home sickness)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TAHOE HOCKEY ACADEMY CAMP

## CONSENT TO TREAT / MEDICAL HISTORY FORM



This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, (athlete participant), or for myself as an adult participant, give my consent to Tahoe Hockey Academy and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in Tahoe Hockey Academy Camp events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian/Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE COMPLETE MEDICAL HISTORY INFORMATION BELOW

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

#### MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Head Injury<br>(concussion, skull fracture) | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells                             | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Convulsions/epilepsy                        | <input type="checkbox"/> Kidney problems     | Other _____                              |
| <input type="checkbox"/> Neck or back injury                         | <input type="checkbox"/> Hernia              | _____                                    |
|  | <input type="checkbox"/> Heart murmur        | _____                                    |

#### Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster?  Yes  No If yes, when? \_\_\_\_\_

Are you currently taking any medications?  Yes  No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity?  Yes  No If yes, please explain on back.

# TAHOE HOCKEY ACADEMY CAMP

## HEALTH AND LIABILITY FORMS



### WAIVER AND RELEASE OF CLAIMS FORM 2016

Please read the form below carefully and be aware that in registering yourself or your minor child for participation in a camp held at Tahoe Hockey Academy, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of this and all future activities at Tahoe Hockey Academy.

I recognize and acknowledge that there are certain risks of serious injury to participants in this activity and I agree to assume the full risk of any injuries, damages or loss regardless of security which I or my child/ward may sustain arising out of this and all future activities. I agree to waive and relinquish all claims I or my child/ward may have arising out of this and all future activities against Tahoe Hockey Academy, it's officers, trustees, shareholders, agents, servants, and employees. I do hereby fully release and discharge Tahoe Hockey Academy, and it's officers, trustees, shareholders, agents, servants and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward arising out of this and all future activities. I further agree to indemnify and hold harmless and defend Tahoe Hockey Academy and it's officers, trustees, shareholders, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with this and all future activities. In the event of an emergency, I authorize Tahoe Hockey Academy's officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary my child's immediate care and agree that I will be responsible for full payment of any and all medical services rendered.

I have read and fully understand the above waiver and release of all claims. Furthermore, I give permission for my child's picture(s) and name to be published in Academy publications, videos, websites, brochures, etc. I give permission for my child to be quoted in Academy publications. I give permission for my child's name to be published on the Academy's website. I give the Academy permission to issue press releases to media sources concerning my child. I hereby grant permission to use any and all photographic imagery and video footage taken of my child, without payment or any other consideration. I understand that such materials may be published electronically or in print, or used in presentations or exhibitions.

Participant Signature (if over 18) \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if participant is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (please print) \_\_\_\_\_

# TAHOE HOCKEY ACADEMY CAMP

## HEALTH AND LIABILITY FORMS



### HOCKEY PROGRAM HEALTH FORM

**PARTICIPANT'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

History circle Yes (y) or No (n)

**Have you or do you have:**

- |  |  |   |   |
|--|--|---|---|
| <p>1. Injury or illness since your last exam Y / N</p> <p>2. A chronic or ongoing illness? Y / N</p> <p>3. Ever been hospitalized Y / N reason _____</p> <p>4. Ever had surgery? Y / N</p> <p>5. Allergies to medications, bee stings, pollens cats, dogs, or foods? Y / N<br/>Please list _____<br/>Type of reaction: _____</p> <p>6. Heart Murmur? Y / N</p> <p>7. High blood pressure? Y / N</p> <p>8. Restricted from sports for heart problems? Y / N</p> <p>9. Ever had a concussion? When _____ Y / N</p> <p>10: Ever had a head injury? When _____ Y / N</p> <p>11. Knocked out or had memory loss? When _____ Y / N</p> <p>12. Asthma? List medication _____ Y / N</p> <p>13. Severe viral infection last month? Y / N</p> <p>14. Fainted or felt dizzy Y / N</p> <p>15. Had chest pain? Y / N</p> <p>16. Had racing heart or skipped heartbeats? Y / N</p> <p>17. Do you tire more easily than your friends? Y / N</p> <p>18. Become ill from exercising in the heat? Y / N</p> <p>19. Wheeze, cough, or have trouble breathing? Y / N</p> <p>20. Has any family member or relative died or a heart problem before age 35? Y / N<br/>Before age 50? Y / N</p> <p>21. Height _____</p> <p>22: Weight _____</p> <p>23. List medications currently taken daily: _____</p> | <p>24. Have you had? (circle all that apply)</p> | <p>anemia</p> <p>abnormal bleeding</p> <p>abnormal bruising</p> <p>broken bones</p> <p>stress fractures</p> <p>seizures</p> <p>viral myocarditis</p> <p>chicken pox</p> <p>hearing loss</p> <p>single organ</p> <p>mononucleosis</p> <p>hepatitis</p> <p>eye loss</p> <p>ADD/ADHD</p> | <p>sprain</p> <p>diabetes</p> <p>vision loss</p> <p>scoliosis</p> <p>heart murmur</p> <p>depression</p> <p>rheumatic fever</p> <p>eating disorder</p> <p>chemical dependence</p> <p>high blood pressure</p> <p>sickle cell disease</p> <p>undescended testicle</p> <p>other psychological</p> |
|--|--|---|---|

25. Do you use any special equipment? Y / N

26. Do you have any other concerns?  
\_\_\_\_\_  
\_\_\_\_\_

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities. I hereby authorize release to the academy's athletic trainer, nurse, coach, and medical provides of the information contained in this document. upon written request, I may receive a copy of this document for my personal health care provider.

\_\_\_\_\_  
Parent or legal guardian signature Date:

# TAHOE HOCKEY ACADEMY CAMP

## HEALTH AND LIABILITY FORMS



### NON-PRESCRIPTION MEDICATION FORM

The following is a list of non-prescription / over the counter medication that Tahoe Hockey Academy Camp directors are able to administer to the participants as needed/directed per standing orders.

**Acetaminophen (Tylenol)**

**Allegra**

**Bacitracin / Neosporin**

**Benadryl**

**Biofreeze (topical analgesic)**

**Blistex**

**Calamine Lotion**

**Carmex**

**Cepacol Lozenges**

**Chloraseptic Spray**

**Claritin**

**Debrox Drops**

**Delsym cough syrup**

**Glyoxide Drops (canker sores)**

**Hydrocortisone 1% cream**

**Hypotears**

**Ibuprofen (Advil)**

**Immodium**

**Keopectate**

**Metamucil**

**Midol**

**Milk of Magnesia**

**Mylanta**

**Pepto Bismol**

**Robutussin cough drops**

**Robitussin DM**

**Sudafed**

**Sunscreen SPF-15**

**Tinactin (antifungal)**

**Tolnaftate (antifungal)**

**Tums**

**Zantac**

**Zyrtec**

### PARENT / GUARDIAN AUTHORIZATION

1. I give permission for the camp directors and or academy personnel to administer medications listed above to my child, \_\_\_\_\_when she is on the campus or on an off campus trip EXCEPT for the following:\_\_\_\_\_
2. I release all academy personnel from any and all liability in the event of any adverse reaction resulting from the use of administration of the medication(s) in relation to this request when the medications are given as ordered.
3. I will notify the Academy of any changes to the list of non-prescription medications excepted or allowed.
4. I give permission for the academy to communicate with the appropriate academy personnel and regarding any information that needs to be disseminated or obtained concerning non-prescription medication.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date: