

**BOSTON,MA
BOSTON
UNIVERSITY**



Pro Ambitions Hockey, Inc.
PO Box 1011
West Falmouth, MA 02574
VM: 855-HKY-CAMP
FAX: 888-880-2604
Email: info@proambitions.com

Welcome to the 2024 Pro Ambitions Hockey Summer Boarding Camp Experience!

We hope your hockey season has been a healthy and successful one. We are really looking forward to this upcoming Summer camp season, to seeing the smiles on your child's face and watching the development in their skills and game.

Please keep this letter in a safe place, as it includes valuable instructions about the camp you registered for, as well as answers to most of your questions about the camp.

The following are items are information that you will need to fill out and send back prior to the start of you child's camp. Some of the forms have specific dates that they must be sent in before. But over all the sooner the info is sent in the sooner we can process it.

- 1. Boarding Camp Drop off and Pick up Info-** Make sure to take notice of the drop off and pick up times for your child's boarding camp.
- 2. Packing List-** Make sure to take notice of the packing list for your child's boarding camp.
- 3. Medicine and instruction Form-** Camper meds prescription and over the counter medicine must be turned in at check in.
- 4. Nutritional and Dietary Restrictions-** Let us know if your child has any specific nutritional and/ or dietary restrictions or guidelines.
- 5. Roommate Request-** Make sure to fill out the roommate request, if your child is planning to stay with a specific camper.
- 6. Boston University- Acknowledgement, Consent and Release Form-** Boston University needs a signed copy before they will check a camper into the dorm.
- 7. Signed Waiver of Liability-** Make sure to fill out and sign the liability waiver online. Pro Ambitions Hockey, Inc. must have a signed copy of the Liability Waiver on file before a player can go on the ice. **NO EXCEPTIONS!**





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Dear Parents and Campers,

Welcome to Pro Ambitions Hockey, Inc. 2024! Below is additional information that you will need to know for the Pro Ambitions Hockey Boarding Camp programs...

Boarding Camp Check-In- Please make sure to check the date, time and location of your child's specific boarding camp check-in as some locations the check in day and times may varies from week to week.

Each week, parents will check their child(ren) in at 1019 Commonwealth Ave (BU DORM). This building is at the corner of Commonwealth Ave and Babcock St. **Parents and campers will use the side entrance on Babcock St.**

Parents can check their child's hockey gear with the Pro Ambitions Hockey staff out in front of the Walter Brown arena at 285 Babcock St before or after checking into the dorm.

Boarding Camp Check-out and pick up- Also please make sure to check the check-out/ pick up time at your child's camp. Please make sure to take into consideration afternoon traffic when leaving to pick up your child at the end of camp.

Parents can pick up their child at 1019 Commonwealth Ave after the final skate or after confirming an early dismissal from camp.

Check-in and Check-out Dates/ Times/ Locations:

PRO AMBITIONS HOCKEY BOARDING CAMP at BOSTON UNIVERSITY, BOSTON, MA

Week One: June 23-28, 2024

Check-In: Sunday, June 23, 2024 3-5pm at the dorm.

Check-Out: Friday, June 28, 2024 4-5pm at the dorm

Week Four: July 14-19, 2024

Check-In: Sunday, July 14, 2024 3-5pm at the dorm.

Check-Out: Friday, June 19, 2024 4-5pm at the dorm

Week Two: June 30- July 5, 2024

Check-In: Sunday, June 30, 2024 3-5pm at the dorm.

Check-Out: Friday, July 5, 2024 4-5pm at the dorm

Week Five: July 21-26, 2024

Check-In: Sunday, July 21, 2024 3-5pm at the dorm.

Check-Out: Friday, July 26, 2024 4-5pm at the dorm

Week Three: July 7-12, 2024

Check-In: Sunday, June 23, 2024 3-5pm at the dorm.

Check-Out: Friday, June 28, 2024 4-5pm at the dorm

Please email us at info@proambitions.com or call us at (855)HKY-CAMP with any questions. I look forward to seeing you at camp this summer.

Best Wishes,

Jeff Serowik



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What to bring to your specific Pro Ambitions Hockey Boarding Camp...

BOSTON UNIVERSITY, BOSTON, MA

HOCKEY TRAINING

1. Full set of ice hockey gear- skates, helmet with face shield and name plate on front of helmet, gloves, shoulder pads, elbow pads, groin area protector (cup), hockey pants, shin pads, hockey socks, and 1-2 on ice hockey sticks.

Optional: Tape, throat guard, extra on ice stick, extra skate laces, under armor garments

2. Off ice training gear- off ice hockey stick, sneakers, hat, sun block, 1 weeks worth of the following items; tee shirts, shorts, athletic socks.

3. Water bottle- 1-2 reusable water bottles with child's name written in black marker on bottle(s).

DORM/ CAMP LIFE

The Boston University dorms we are staying in are standard quad dorm rooms 2 beds per room, a common living area, a common bathroom in each quad. The dorm is airconditioned. BU Housing **does not** allow the following items; refrigerators, microwaves or air conditioning units in the dorms.

4. Bedding- Bring linens for a XL twin mattress, pillow, blankets.

5. Toiletries- Necessities- Soap, shampoo, toothpaste and toothbrush, 1-2 showering towels.

6. Non-Training Clothing- 1 week worth of the following items: pants/ sweatpants, shorts, tee shirts, 1-2 sweatshirts, socks and under garments.

7. Medication- All medications and instructions, regardless of prescription and over the counter medications must be handed in at camp check in. Medication must be in its original container with instructions for PA med staff.

*Campers **are not** allowed to share their medication with other campers, including over the counter pain relief medication.

8. Spending Money- \$50.00 to 100.00 is recommended for emergencies, additional activities and snacks. Pro Ambitions Hockey offers players an opportunity to deposit their spending money in the camp bank at check in and will have access to their money each day or when needed.* Pro Ambitions Hockey is not responsible for any lost money kept by the campers.

EXTRAS

9. Optional Items- We understand that cell phones, have become a necessity for campers. But campers are responsible for their cell phones at all times while at camp. Other electronic devices, such as, I-pods, I pads, laptops, etc. are allowed at camp, but campers are only allowed to use them during designated down time. Once again, Campers are responsible for all of their personal items. Pro Ambitions Hockey and/ or Boston University are not responsible for any lost or stolen items.

10. Coolers- Campers can coolers to store water, Gatorade, and snacks.



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**PRO AMBITIONS HOCKEY at BOSTON UNIVERSITY:
MEDICATION and INSTRUCTIONS FORM**

All prescription medications must be given to nurse/ healthcare supervisor at check in. Prescription medications must be in their original containers with information clearly marked Child's name, medication, dosage, instructions.

All over the counter medications must be given to nurse/ healthcare supervisor at check in. Campers are not allowed to self medicate or share (even over the counter medications, including allergy and pain relief medications) with other campers.

Campers that use or need an inhaler should have two inhalers with them at camp. One that they can hold on to at all times and a second inhaler that the nurse/ healthcare supervisor can hold on to during camp.

Epi-pens must be turned in at check in. The epi-pen will be brought to every activity through the camp week, including; on ice and off ice training, meals, beach and every where in between.

***Reminder that your Health and Immunization Records must sent to Courtney Turner at boh@proambitions.com**

CAMPER'S NAME:

CAMP WEEK:

- WK 1 JUNE 23-28
- WK 2 JUNE 30-JULY 5
- WK 3 JULY 7- 12
- WK 4 JULY 14- 19
- WK 5 JULY 21-26

CAMPER MEDICATION INFO

Campers Name:

Medication:

Dosage:

Instructions:

*** Please send a completed copy to boh@proambitions.com and reggie@proambitions.com**



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NUTRITION AND DIETARY NEEDS FORM

BOSTON UNIVERSITY BOSTON, MA

CHILD'S NAME:

BU CAMP WEEK: CHECK OFF YOUR CHILD'S CAMP WEEK

- WK 1 JUNE 23-28**
- WK 2 JUNE 30- JULY 5**
- WK 3 JULY 7-12**
- WK 4 JULY 14-19**
- WK 5 JULY 21-26**

Your Child's Nutritional and Dietary Restrictions:

Does your child have any dietary restrictions, food allergies, and/ or is Gluten free?

Special Dietary needs/ restrictions:

Instructions for Health Care Provider/ Camp Director:

Food Allergies? If so, does your child have an epi-pen?

Instructions for Health Care Provider/ Camp Director:

Is your child Gluten Free?

Instructions for Health Care Provider/ Camp Director:

Additional information:

*** Please send a completed copy to reggie@proambitions.com**



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Pro Ambitions Hockey, Inc. – 2024 Boarding Camp Program
Roommate Preference Request

BOSTON UNIVERSITY, BOSTON, MA Please check off your Child's Camp Week(s):

- Week One
- Week Two
- Week Three
- Week Four
- Week Five

Roommate Preference: Pro Ambitions Hockey will make every effort in accommodating player's rooming requests. But the final roommate selection will be determined by Pro Ambitions Hockey. All roommate request forms must be received one month prior to the start date of the camp. All roommate request forms received after this date are subject to availability as determined by Pro Ambitions Hockey.

Roommate Request Must be received by June 7, 2024

Camper's Name: _____ **Male:** _____ **Female:** _____

Age: _____ **Birth Date:** _____/_____/_____ **(MM/DD/YYYY)**

ROOMMATE CHOICES

1st Choice _____ **2nd Choice** _____

No Preference: _____

* If your child is attending camp by himself/ herself we will do our best to place them with the most compatible roommate.

* Please send a completed copy to reggie@proambitions.com



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EXHIBIT A
BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

For participation in Pro Ambitions Hockey, Inc Boarding Camp

Name of Child _____

I hereby consent to the participation of the child named above in all activities of the Pro Ambitions Hockey Boarding Camp, to be held at Boston University. I understand that the program is not run by Boston University. I understand, recognize and acknowledge that many different programs may be on going at the same time that my child's Program is being held, and that if my child's Program involves overnight accommodation in a University residence hall, adults may also be housed in the same residence hall.

I understand, recognize and acknowledge that this program involves activities, such as ice hockey that may involve the risk of accident, death, illness, physical or mental injuries and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child's participation in the Program.

In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the University) and its departments, officers, directors, board members, representatives, agents and employees from any claims, demands, causes of actions, judgements, damages, expenses and costs (including attorney's fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/ her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

In signing this parental consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand it's terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN

SIGNATURE: _____

NAME (PRINTED): _____

RELATIONSHIP TO STUDENT: _____

STREET ADDRESS: _____

CITY/ STATE: _____

TELEPHONE: _____

*** Please send a completed copy to reggie@proambitions.com**