



**Pro Ambitions Hockey, Inc.**  
PO Box 1011  
West Falmouth, MA 02574  
VM: 855-HKY-CAMP  
FAX: 888-880-2604  
Email: [js@proambitions.com](mailto:js@proambitions.com)

## **Welcome to the 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 a few items you will need to make your camp experience smooth and successful.

### **For All Massachusetts Boarding Camps:**

**1. Player Health Form and Immunization Record-** Upload/ Submit into your account a completed Health form with your doctor's signature (or current physician) and your child's Immunization record within 3 weeks of registering.

**Important:** The Massachusetts Department of Public Health requires that each camper **MUST** have a completed Health form that has been signed by their doctor as well as an up-to-date Immunization Record on file before a player can be cleared to go on the ice. **NO EXCEPTIONS!**

**Attention International and Out of State campers attending a Massachusetts Boarding Camp-** Please refer to the attached Massachusetts Immunization Requirements page for more details. Proof of the required Immunizations must be provided to attend all Massachusetts camps regardless of what is required in your current state or country

**2. Signed Waiver of Liability-** Pro Ambitions Hockey must have a signed copy of the Liability Waiver on file before a player can go on the ice. **NO EXCEPTIONS!**



The following are the required immunizations that all campers must have prior to attending a Pro Ambitions Hockey Boarding or Full Day camp in Massachusetts **Regardless of what is required in your current state or country.**

**The Massachusetts Department of Public Health Immunization Requirements**  
Written documentation of immunization shall be required for all campers as follows:

**1. Measles, Mumps and Rubella (MMR) Vaccine:** A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine given at least four weeks after the first, is required for all campers, who will be entering grades K-12 or college in the school year immediately following the camp session (or in case of an ungraded classroom or the camper does not attend school/college, campers five years of age or older). Laboratory evidence of immunity is acceptable.

**2. Polio Vaccine:** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IVP/OPV) schedule was used, four doses are required;

**3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. Where a camper is seven or more years of age and requires additional immunizations to satisfy 105 CMR 430.152(A)(3), Td is to be substituted for DTaP, DTP or DT vaccine. Effective January 1, 2004, a booster dose of Td is required for all campers who will be entering grades seven through ten (or in the case of an ungraded classroom or the camper does not attend school, campers 12 through 15 years of age) if it has been more than five years since the last dose of DTaP/DTP/DT. For all campers who will be entering grades 11 and 12 (or in the case of an ungraded classroom or the camper does not attend school, campers 16 through 17 years of age) a booster of Td is required if it has been more than ten years since the last dose of DTaP/DTP/DT/Td.

**4. Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.

**5. Chicken Pox/Varicella Vaccine:** Beginning September 1, 2011, 2 doses of live varicella vaccine will be required for students attending kindergarten and 7th grade (these doses must be given at least four weeks apart beginning at or after 12 months of age). Beginning on September 1, 2017, this requirement will apply to all students attending grades K through 12.

# **BOSTON UNIVERSITY**



**Pro Ambitions Hockey, Inc.**  
PO Box 1011  
West Falmouth, MA 02574  
VM: 855-HKY-CAMP  
FAX: 888-880-2604  
Email: [js@proambitions.com](mailto:js@proambitions.com)

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

### **Boston University**

**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).

**4. Bedding-** Linens for a XL twin mattress, pillow, blankets.

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

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

**6. Medication-** All medication must be in its original container with instructions for PA med staff.

All medications and instructions, regardless of prescription and over the counter medications must be handed in at camp check in.

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

**8. Room Necessities-** Alarm clocks are recommended for campus dorm room camps. The BU dorms that we will be staying in are airconditioned.

\* BU does not allow the following items; refrigerators, microwaves or air conditioning units in the dorms.

**9. 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 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 camper.

**10. 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; ipads, 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.



**Pro Ambitions Hockey, Inc.**  
PO Box 1011  
West Falmouth, MA 02574  
VM: 855-HKY-CAMP  
FAX: 888-880-2604  
Email: [js@proambitions.com](mailto:js@proambitions.com)

Dear Parents and Campers,

Welcome to Pro Ambitions Hockey! 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 board camp check-in as some locations the check in day and times may vary from week to week.

**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.

\*Pro Ambitions Hockey does not provide transportation to or from any of our camp locations.

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

**BOSTON UNIVERSITY-** Boston, MA

**Week One:** June 29- July 04

**Check-In:** Sunday, June 29 from 3-5pm at dorm

**Check-Out:** Friday, July 04 from 4-5pm at dorm

**Week Two:** July 13-18

**Check-In:** Sunday, July 13 from 3-5pm at dorm

**Check-out:** Friday , July 18 from 4-5pm at dorm

**\*1019 Commonwealth Avenue, Boston, MA (dorm)**

Please email us at [info@proambitions.com](mailto: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



**Pro Ambitions Hockey, Inc.**  
PO Box 1011  
West Falmouth, MA 02574  
VM: 855-HKY-CAMP  
FAX: 888-880-2604  
Email: [js@proambitions.com](mailto:js@proambitions.com)

## Boarding Camp Program Roommate Preference Request

Please check off your Child's Camp Location:

### 1. Boston University

- Week One  
 Week Two

Camper's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

**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.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

No Preference: \_\_\_\_\_

\*Please send a copy to [jill@proambitions.com](mailto:jill@proambitions.com)



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

**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 throughout the camp week, including; on ice and off ice training, meals, and everywhere in between.

**\*Reminder that your Health and Immunization Records must be sent to Anne Izzo at [boh@proambitions.com](mailto:boh@proambitions.com)**

**CAMPER'S NAME:**

**CAMP WEEK:**

- WEEK 1 JUNE 29-JULY 4
- WEEK 2 JULY 13-18

**CAMPER MEDICATION INFO**

**Campers Name:**

**Medication:**

**Dosage:**

**Instructions:**

**\* Please send a completed copy to [boh@proambitions.com](mailto:boh@proambitions.com)**



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

## **NUTRITION AND DIETARY NEEDS FORM**

**BOSTON UNIVERSITY BOSTON, MA**

**CHILD'S NAME:**

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

- WEEK 1 JUNE 29-JULY 4**
- WEEK 2 JULY 13-JULY 18**

**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 [boh@proambitions.com](mailto:boh@proambitions.com)**



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

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

WK 1   WK 2        

**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.

SIGNATURE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/ STATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**\* Please send a completed copy to [henry@proambitions.com](mailto:henry@proambitions.com)**



# PRO AMBITIONS HOCKEY BOSTON UNIVERSITY BOARDING CAMP



## SUNDAY

**3:00-5:00pm- CHECK IN 1019 Commonwealth Ave**

5:00-5:30pm- Camp Orientation

5:30-6:30pm- Dinner

6:30—7:30pm- Ice Breakers

7:30-8:00pm- Group Sessions

8:00-9:00pm- Team Building

9:00-10:00pm- Shower/Relax/Lights Out

## MONDAY

6:30-7:00am- Wake up/Meet with Group

7:00-7:30am- Breakfast

7:30-8:00am- Transport to Rink

8:00-8:30am- Dynamic Warm up

8:30-9:00am- Locker rooms

**9:00-11:00am- ON ICE**

11:00-11:20am- Locker room

11:30-12:00pm- Lunch

12:00-12:30pm- Locker room

**12:30-2:20pm- ON ICE**

2:20-2:40pm- Locker room

2:40-3:30pm- Off ice training/Guest Speaker

3:30-4:15pm- Transport Back to BU

4:15-5:30pm- Shower/Relax/Down Time

5:30-6:30pm- Dinner

6:30-7:00pm- Group Sessions/Chalk Talks

7:00-8:00pm- Off Ice training Session

8:00-9:00pm- Team Building

9:00-10:00pm- Shower/Relax/Lights Out

## TUESDAY

6:30-7:00am- Wake up/Meet with Group

7:00-7:30am- Breakfast

7:30-8:00am- Transport to Rink

8:00-8:30am- Dynamic Warm up

8:30-9:00am- Locker rooms

**9:00-11:00am- ON ICE**

11:00-11:30am- Locker room

11:30-12:00pm- Lunch

12:00-12:30pm- Locker room

**12:30-2:20pm- ON ICE**

2:20-2:40pm- Locker room

2:40-3:30pm- Downtown Boston Field Trip

4:30-5:00pm- Transport Back to BU

5:00-5:45pm- Shower/Relax/Down Time

5:45-6:30pm- Dinner

6:30-7:00pm- Group Sessions

7:00-8:00pm-Game Analysis w/ Coach Ondrej

8:00-9:00pm- Team Building

9:00-10:00pm- Shower/Relax/Lights Out

## WEDNESDAY

6:30-7:00am- Wake up/Meet with Group

7:00-7:30am- Breakfast

7:30-8:00am- Transport to Rink

8:00-8:30am- Dynamic Warm up

8:30-9:00am- Locker rooms

**9:00-11:00am- ON ICE**

11:00-11:30am- Locker room

11:30-12:00pm- Lunch

12:00-12:30pm- Locker room

**12:30-2:20pm- ON ICE**

2:20-2:40pm- Locker room

2:40-3:30pm- Off ice training/Guest Speaker

3:30-4:15pm- Transport Back to BU

4:15-5:30pm- Shower/Relax/Down Time

5:30-6:30pm- Dinner

6:30-7:00pm- Group Sessions/Chalk Talks

7:00-8:00pm- Off Ice training Session

8:00-9:00pm- Team Building

9:00-10:00pm- Shower/Relax/Lights Out

## THURSDAY

6:30-7:00am- Wake up/Meet with Group

7:00-7:30am- Breakfast

7:30-8:00am- Transport to Rink

8:00-8:30am- Dynamic Warm up

8:30-9:00am- Locker rooms

**9:00-11:00am- ON ICE**

11:00-11:30am- Locker room

11:30-12:00pm- Lunch

12:00-12:30pm- Locker room

**12:30-2:20pm- ON ICE**

2:20-2:40pm- Locker room

2:40-3:30pm- Off ice training/Guest Speaker

3:30-4:15pm- Transport Back to BU

4:15-5:30pm- Shower/Relax/Down Time

5:30-6:30pm- Dinner

6:30-7:30pm- Agganis Arena Tour

7:30-8:00pm- Off Ice training Session

8:00-9:00pm- Team Building/Clean/Pack

9:00-10:00pm- Shower/Relax/Lights Out

## FRIDAY

6:30-7:00am- Wake up/Meet with Group

7:00-7:30am- Breakfast

7:30-8:00am- Transport to Rink

8:00-8:30am- Dynamic Warm up

8:30-9:00am- Locker rooms

**9:00-11:00am- ON ICE**

11:00-11:30am- Locker room

11:30-12:00pm- Lunch

12:00-12:30pm- Locker room

**12:30-2:20pm- ON ICE PA CUP GAME**

2:20-2:45pm- Locker room

2:45-3:30pm- Transport Back to BU

3:30- 4:00pm- Check out

**ATTENDANCE TAKEN THROUGHOUT THE DAY**