

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



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ATHLETIC CAMPS/CLINICS**



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PREFACE

The Longwood University Athletics Department encourages and supports the operation of Longwood University sponsored sports camps and clinics by its coaches as a means of providing additional income for the coaching staff during slow-moving times throughout the year, and as a vehicle for promoting the University and its sports programs within the community.

The increased emphasis on sound fiscal management in all aspects of the Athletics Department operations AND recent NCAA legislation, intended to address potential abuses associated with sports camps and clinics, necessitates that the Longwood University Athletics Department develop sound policies and procedures that ensure compliance and demonstrate the Department's commitment to strong fiscal management for all of its sponsored programs.

PURPOSE

A Longwood University sponsored sports camp or clinic shall be one that:

1. Places special emphasis on a particular sport or sports and provides specialized instruction, practice or competition.
2. Involves activities designed to improve overall skills and general knowledge in the sport, or
3. Offers a diversified experience without emphasis on instruction, practice or competition in any particular sports (NCAA Bylaw 13.12.1.1.1).

OBJECTIVES

The primary objectives of this sports camp/clinic handbook are:

1. To identify to the head coach, sports camp/clinic director and the Athletics Department administrative support staff the policies and procedures to be followed when conducting a Longwood University sponsored sports camps or clinic.
2. To define the responsibilities of the sports camp/clinic director.
3. To establish the necessary planning deadlines for both the sports camp/clinic director and the Athletics Department administrative support staff.
4. To maximize the working relationship between head coaches, department administrators and the respective sports camp/clinic director by delineating each person's responsibilities.
5. To establish educational and procedural efforts to significantly decrease the risk of potential NCAA violations involved with the conduct and administration of Longwood University sponsored sports camps and clinics.

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SPORTS CAMP/CLINIC PROGRAM

Background Information

The purpose of the Longwood University sponsored sports camps and clinics are to provide non-credit learning activities relating to competitive sports. Longwood University sponsored sports camps and clinics are organized to offer opportunities for learning skills and strategies and for providing competitive experiences to individuals with unusual or above average interest, potential, and/or ability. The following offerings are considered a part of the sports camp and clinic program at Longwood University:

All Sports Camp	Field Hockey Instructional Camps & Clinics – Individual & Team	Tennis Camp
Baseball Instructional Camps & Clinics	Men’s & Women’s Golf Instructional Clinics	Tennis Fall & Spring Instructional Clinics
Men’s Basketball Camps – Individual & Team	Women’s Lacrosse Instructional Camps & Clinics – Individual & Team	Men’s Soccer Instructional Camps & Clinics – Individual & Team
Women’s Basketball Camps- Individual & Team	Softball Instructional Camps & Clinics	Women’s Soccer Instructional Camps & Clinics – Individual & Team

Definitions

1. A Longwood ***University sponsored sports camp or instructional clinic*** shall be any camp or clinic that is owned or operated by Longwood University or by an employee acting in his or her capacity as an employee of the Longwood University Athletics Department, either on or off its campus, and in which prospects participate. (NCAA Bylaw 13.12.1.1)
2. A ***specialized sports camp*** is a camp that places special emphasis on a particular sport or sports and provides specialized instruction in the sport(s). (NCAA Bylaw 13.02.1.2)
3. A ***prospective student-athlete (“prospect”)*** is a student who has started classes for the ninth grade. A “prospect” remains a “prospect” until he/she attends classes or participates in a team practice at Longwood University. (NCAA Bylaw 13.02.11)



COORDINATION OF CAMPS

Policy Statement

1. The Associate Athletic Director/Business Operations is responsible for the oversight of all Longwood University sponsored camps and clinics.
2. Implementation of effective strategies and procedures for reducing the risk of potential NCAA violations concerning the conduct and administration of Longwood University sponsored sports camps and clinics.
3. Oversight of Longwood University (LU) sponsored sports camps and clinics with respect to NCAA rules compliance.

Procedures

1. The Associate Athletic Director/Business Operations shall:
 - Account for all LU sponsored sports camp or clinic funds (revenues and expenses)
 - Review and approve all contracts or responsibilities for payments to LU sponsored sport camps and clinics employees.
 - Review and monitor all registration information provided by campers.
 - Monitor all the activities and management of the LU sponsored sports camps and clinics.
2. The Assistant Athletic Director/Media Relations, Assistant Athletic Director/Compliance and the Associate Athletic Director/Business shall analyze and approve all advertising, literature and brochures related to the LU sponsored sports camp and clinic.
3. The Assistant Athletic Director/Compliance shall review camp operations in the areas of camp/clinic advertisements, camp/clinic participants, camp/clinic employment, reduced or free admissions, camp/clinic discounts, and awards related to any institutional camp as defined by NCAA Bylaw 13.12.1.1.
4. The Athletics Director, the Associate Athletic Director/Business Operations, the Assistant Athletic Director/Compliance, and those coaches who conduct LU sponsored sports camps and clinics shall meet annually to comprehensively evaluate the sports camp and clinic program.
5. **The final sports camp/clinic financial report and accompanying materials shall require the approval of the Athletics Director.**

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SCHEDULE

Policy Statement

LU sponsored sports camp/clinic dates shall be scheduled on the availability of athletics and dormitory facilities, as well as a critical assessment of a particular camp's financial viability. The determination of the camp's needs will be based on previous attendance at the camp/clinic.

Procedures

1. All sports camp directors proposing a LU sponsored sports camp/clinic program during the upcoming year shall submit their schedule requests to Conferences and Scheduling by the critical dates listed in Appendix A.

YOU MAY:

- Conduct a basketball camp or clinic only during June, July and August and otherwise in accordance with the terms and conditions therein.
- Camps and clinics for all other sports may be conducted at any time and otherwise in accordance with the terms and conditions herein. They MAY NOT BE CONDUCTED DURING A DEAD PERIOD.

YOU MAY NOT:

- Conduct any physical activity (i.e. practice session or test/tryout) in which one or more prospects (as defined earlier) reveal, demonstrate or otherwise display the athletics abilities in any sport except as provided in NCAA Bylaw 13.11.2 and 13.11.3 (NCAA Bylaw 13.12.1).

PROMOTIONS

Policy Statement

Each sports camp/clinic director is responsible for promoting his/her respective LU sponsored sports camp/clinic programs. All LU marketing materials need prior approval from the Athletic Director prior to any printing. All University trademarks and logos used in camp and clinic materials must be used in accordance with the University's guidelines. Camp/clinic brochures and/or any other advertising shall be approved by the following persons prior to any implementation, printing, and/or distribution to the public:

- Assistant Athletic Director/Compliance for Compliance with the NCAA Bylaws and University
- Assistant Athletic Director/Media Relations for format and printing guidelines
- Associate Athletic Director/Business Operations for content and printing costs
- Athletics Director for content and overall appearance

Procedures

1. All LU sponsored sports camp/clinic directors shall develop their respective brochure. Below are the Media Relations Guidelines for Summer Camps/Sport Clinics.

The Longwood University Media Relations office can assist with the publicity and promotional efforts for summer camps and/or sport clinics. This office will distribute information to local and state media, as warranted, and also post to the Athletics website, www.longwoodlancers.com. In order to most-effectively do so, please refer to the following guidelines:

- Provide all pertinent information for public release (event, dates, times, location, specific event details) at least one month prior to camp/clinic.
- Brochure Design-only is available for \$50. All information must be provided in timely fashion and allow for two weeks production time on brochure-only. Actual printing coordination, including all expenses, via Printing Services remain camp coordinator's responsibility and will most-likely take an additional two-three weeks production time.

2. YOU MAY:

- Use the name or picture of any student-athlete employed as a camp/clinic counselor (ONLY IN THE CAMP/COUNSELOR SECTION) to publicize or promote the camp including the use of the student-athlete's name or picture in camp brochures or other advertising.
- Advertise in recruiting publications (other than a high school, two-year college, or non-scholastic game program) that provide information concerning the athletics participation or evaluation of prospects provided the publication includes a camp directory that:

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- Includes multiple listings of summer camps on each page (i.e. at least two summer camp-camp advertisements of the same size must appear on each page), and
 - Restricts the size (not to exceed one half page) and format of the advertisements (must be identical).
- Advertise in non-recruiting publications (local newspaper or magazine) without restriction and in accordance with other applicable LU policies and procedures.
- Provide sports camp or clinic brochures to a prospect.

3. REQUIRED STATEMENTS IN BROCHURES:

- Place on the sports camp/clinic brochure, in the participant information section, the request “School grade just completed: ____”
- Place on the sports camp/clinic brochure the statement, “I have ____ have not ____ won an athletic letter since entering the ninth grade (check one).”

4. YOU MAY NOT:

- Pay a student-athlete for using his/her name or picture to advertise the sports camp/clinic.
- Agree to advertise in recruiting publications without first reviewing the page layout plan prior to publication.
- Distribute a poster promoting a sports camp/clinic to prospective student-athletes or high school coaches.

5. The sports camp/clinic director is responsible for obtaining printing costs from University Printing Services and shall use these figures in his/her budget submission.

FEES

Policy Statement

The determination of fees should be dependent upon the assessment of the market, the economy, and costs of other sports camps/clinics in the market area. By providing access to a variety of youth populations and insuring the revenue generated is sufficient to meet all expenditures, the LU sponsored sports camp/clinic is providing value to all parties.

Procedures

YOU MAY:

- Provide free or reduced camp/clinic admission privileges to a group registering a specified number of youth, as long as the reduced camp/clinic admission is available to all such groups registering the same specified number of youth.
- Provide free or reduced camp/clinic admission privileges to children of coaches or staff who work the camp, as long as the reduced camp/clinic admission is considered part of the coach's or staff member's compensation and such an opportunity is available to all children of coaches or administrators working the camp.
- Provide free or reduced camp/clinic admission privileges to children of staff and faculty at Longwood University, as long as the reduced camp/clinic admission is provided to children of all such staff and faculty.
- Provide free or reduced camp/clinic admission privileges to youths who have not entered the ninth grade.
- Provide free or reduced camp/clinic admission privileges to youths who have entered the ninth grade but have never been an *athletics award winner*.

YOU MAY NOT:

- Provide free or reduced camp/clinic admission privileges to a high school, preparatory school or two-year college *athletics award winner*. For purposes of this handbook, a high school includes the ninth grade level, regardless of whether the ninth grade is part of a junior high school system.
- Permit a representative of Longwood University's athletics interests to pay a prospect's expenses to attend a LU sports camp or clinic.

BUDGETS

Policy Statement

The sports camp/clinic director shall submit a budget to the Associate Athletic Director/Business Operations for review prior to the start of the LU sponsored camp/clinic.

Procedures

1. Each sports camp/clinic director shall submit a preliminary budget (Appendix B) to the Associate Athletic Director/Business Operations according to the schedule in Appendix A.
2. The Associate Athletics Director/Business Operations shall review each budget submission for accuracy, and then recommend to the respective sports camp/clinic director any additions, deletions and/or other appropriate changes.
3. Each budget shall include all specific needs of the camp, i.e. equipment, salaries, brochures, posters, Xerox, insurance, paper supplies, overhead, marketing and promotions, etc. (See Appendix B).
4. Final approval for all budgets rests with the Athletic Director.

ATHLETIC CAMP REGISTRATION

Policy Statement

LU sponsored sports camp/clinic registration forms shall be processed in a timely manner by the sports camp/clinic director to insure that accurate and current lists of participants are available as needed. The final roster for a particular LU sponsored camp/clinic shall be available as soon as possible after on-site registration.

Procedures

The Athletic Business Office will deposit all revenue received into the respective sports camp/clinic account within 48 hours of receipt of funds and check receiving form from the camp/clinic director. In addition once the funds are deposited into the respective sports camp/clinic account, a Xerox copy of the deposit slip and the check receiving form will be given to the camp/clinic director for their records.

The Camp/Clinic Director will:

- Ensure that each parent or guardian has received a disclosure statement (See Appendix O).
- Will ensure that a signed medical consent form (See Appendix O) accompanies each registration form, and is on file for each camper prior to the camper's participation in any camp/clinic activity.
- Separate and file copies of applications by camp/clinic date.
- Generate an updated camp registration roster for the Associate Athletic Director/Business Operations on a bi-weekly basis.



ATHLETIC CAMP/CLINIC REVENUE COLLECTION AND DEPOSIT

Policy Statement

All revenue in connection with the LU sponsored sports camp/clinic shall be properly documented, controlled and processed by the Athletic Business Office by utilizing the procedures outlined below by the respective parties.

Procedures

The respective camp/clinic director shall:

- Open mail once a daily and complete the check receiving form for all funds received indicating the name of the applicant, the check number, and the amount received. All camp mail should be addressed to the Athletics Department in care of the respective Camp/Clinic Director's name.
- On the back of each check, in the upper right hand corner of the check, write the camp/clinic account number.
- Calculate the total revenue received on the check receiving form in each mailing and/or on-site registration, and give the revenue with the check receiving form to the Athletics Business Administrative Assistant for processing and deposit in the University's Cashier's Office.
- Print and mail receipt, along with a confirmation packet, to each applicant.
- File receipts by stamp dates.
- Separate receipts by camp/clinic dates, and calculate the total revenue deposited for each camp/clinic.

The Athletic Business Office will:

- Deposit all camp/clinic funds received from the Camp/Clinic Director that have been accompanied by a check receiving form within 48 hours of receipt.
- Once deposit is made to the University Cashier's Office, print a Xerox copy of the deposit slip and the check receiving form and give to the Camp/Clinic Director.
- File all deposits by camp/clinic date of deposit.
- The Associate Athletic Director/Business Operations shall reconcile the camp/clinic deposits with the University Banner accounting system to ensure all totals reported match the University figures.



REFUNDS

Policy Statement

Refunds shall be recommended and initialed by the sports camp/clinic director and subsequently approved by the Associate Athletic Director/Business Operations. *Generally, the deposit is non-refundable unless the camp/clinic has been cancelled.*

Exceptions: All exceptions to published refund procedures require the approval of the Associate Athletic Director/Business. Refund requests for the total amount based on an illness may require a doctor's statement in addition to the Associate Athletic Director's approval. Campers who leave early shall be prorated at the camp/clinic director's discretion.

Procedures

1. The Associate Athletic Director/Business Operations shall process recommend refunds upon review of the recommendation from the sports camp/clinic director. The forms shall be submitted prior to the end of the camp/clinic, and shall be initialed by the sports camp/clinic director, and shall be accompanied by a completed Pay Request Form.
2. Refunds that require an exception to the published refund procedures are to be approved by the Associate Athletic Director/Business Operations.
3. Upon the refund approval, the camp/clinic director shall note the refund on the camper's application with the date the refund was filed.



PAYROLL

Policy Statement

At the completion of the camp/clinic, every effort shall be made to pay current full-time and part-time University employees' wages earned in connection with the LU sponsored sports camp/clinic. ***Those individuals who helped conduct the LU sponsored sports camp/clinic and are not on the University payroll MUST be processed prior to the beginning of the LU sponsored sports camp/clinic.*** Only the Athletics Director can approve continuing or long-term employment agreements.

Procedures

1. University employees shall be paid in accordance with Athletic Department and University guidelines. In addition their camp/clinic payment amount shall obtain final department approval by the Athletic Director (See Sports Camp/Clinic Staff Compensation Form in Appendix L).
2. Non-university employees shall be placed on payroll and paid in accordance with Athletic Department and University guidelines. All "New Hire" Human Resources Employment Packets shall *be completed and returned no later than two (2) weeks prior to the start of the sports camp/clinic* by the camp/clinic director to the Human Resources Department. In addition, the Camp/Clinic Director must complete the Sports Camp/Clinic Staff Compensation Form, submit and receive approval from the Associate Athletic Director/Business Operations and the Assistant Athletic Director/Compliance *no later than two (2) weeks prior to the start of the sports camp/clinic and before any staff members beginning work.*
3. **YOU MAY:**
 - Employ LU student-athletes as counselors for LU sponsored sports camps or clinics subject to the following:
 - a) the student-athlete shall not participate in organized practice activities other than during the institution's playing season in the sport, and
 - b) the student-athlete must perform duties that are of a general supervisory character in addition to any coaching or officiating duties, and
 - c) compensation provided to the student-athlete shall be commensurate with the going rate for camp/clinic counselors of like teaching ability and camp/clinic experience, and may not be paid based on the value the student-athlete may have for the employer because of the athletics reputation or fame the student-athlete has received;
 - d) establish varying levels of compensation for a student-athlete employed in a camp/clinic based on the level of athletics skill of the student-athlete; and
 - e) a student-athlete who only lectures or demonstrates may not receive compensation for his/her appearance at the camp.

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- Employ a high school, preparatory school or two-year college coach to speak or participate at a LU sponsored sports camp/clinic providing the coach receives compensation that is commensurate with the going rate for camp/clinic instructors/counselors of like ability and camp/clinic experience.
- Employ individuals as volunteers by reporting them as volunteers on the Sports Camp/Clinic Staff Compensation Form,

4. YOU MAY NOT:

- Permit or arrange for a prospect, at the prospect's own expense, to operate a concession to sell items related to or associated with the camp/clinic, to campers or others in attendance.
- Employ a high school, preparatory school or two-year college athletics award winner in connection with the LU sponsored sports camp/clinic. For the purposes of this guideline, a high school includes the ninth grade level, regardless of whether the ninth grade is part of a junior high school system.
- Employ a student-athlete at a rate based on the value that the student-athlete may have for you due to his/her athletics reputation or fame.
- Compensate a high school, preparatory school or two-year college coach based upon the value the coach may have for you because of the coach's reputation or contact with prospective student-athletes.
- Compensate a high school, preparatory school or two-year college coach based upon the number of campers the coach send to camp.
- Provide a credit card to the student-athlete to pay for actual and necessary travel expenses to the camp/clinic.
- Provide or permit free merchandise to be provided unless it is part of the camp/clinic registration fee and provided to ALL campers.

CAMP STORE

Procedures

1. The camp/clinic director must provide in writing to the Associate Athletic Director/Business Operations prior to the camp/clinic whether there will be a camp store and, if so, what will be sold therein.
2. After the camp/clinic is completed, a summary of revenue and expenses and statement of how the funds were handled must be submitted to the Associate Athletic Director/Business Operations.
3. Profits from the camp store are to be retained by the camp/clinic.

FINANCIAL REPORT

Policy Statement

A financial packet shall be completed by the camp/clinic director for each camp/clinic and shall include as a minimum:

- Sports Camp/Clinic Financial Report – Summary
- Sports Camp/Clinic Financial Report – Detail
- Sports Camp/Clinic Final Registration List
- Sports Camp/Clinic Staff Salaries
- Miscellaneous Camp/Clinic Revenue Disclosure

Procedures

1. The sports camp/clinic director shall:
 - A. Prepare a final registration list approved and initialed by the sports camp/clinic director (Appendix F)
 - B. Complete all financial packet forms.
 - C. After review by the sports camp/clinic director, turn in the final financial report to the Associate Athletic Director/Business Operations within one (1) weeks of the close of camp.
 - D. Ensure that registration fees correspond with the number of attendees.
 - E. Ensure all revenues and expenditures are reported on your final financial report and are reported to the Associate Athletic Director/Business Operations.
2. The Associate Athletic Director/Business Operations will proof read the documents, make comments, request revisions and then forward to the Athletics Director for final approval.



FACILITY/TRANSPORTATION SCHEDULING

Policy Statement

Every effort shall be made to meet the reasonably requested athletic facility needs of each LU sponsored sports camp/clinic, and to include availability and preparation of the athletic fields and courts.

Procedures

1. Each sports camp/clinic director shall submit their camp/clinic university facilities requests to Conferences and Scheduling in addition to submitting their athletic fields & outdoor courts request to the Athletic Grounds Manager.
2. Conferences and Scheduling will schedule the dormitory housing for residential campers, pool usage and approved life guards, tents, tables, chairs, etc. for camp/clinic use.
3. The Athletic Grounds Manager will schedule all athletic fields usage for camp/clinic use and coordinate these requests with the appropriate camp/clinic director.
4. The sports camp/clinic director shall inform the Athletic Grounds Manager for specific needs in terms of goals, field markings, etc..
5. Each camp/clinic director is responsible for contacting the Motor Pool directly and scheduling the use of University mini-buses, with university approved drivers, to transport campers to/from the dormitories to/from the new turf fields during the camp/clinic.

HOUSING AND MEALS

Policy

Final approval for room rates will be provided by Longwood University's Conferences & Scheduling Office and secured by the date established in Appendix A. The Director of Aramark Dining Services will establish final meal rates directly with the camp director by the date established in Appendix A. Aramark Custodial Services will establish final housekeeping fees for residential campers directly with each individual camp/clinic director. Lifeguards per university contract regulations must be scheduled by Conferences & Scheduling and will incur an extra charge to the camp/clinic. This charge is based upon the number of participants as well as the time allotted for swimming. The extra charge fee will be given to each camp/clinic director at the time of booking.

Procedures

Upon final approval each sports camp/clinic director shall:

- A. Secure camp/clinic dates with conferences & Scheduling by December each year, or sooner if camp/clinic dates are known.
- B. Submit the following to Conferences and Scheduling by the timeline as follows:
 1. no later than 3 months prior to the start date of the camp/clinic
 - tentative schedule of camp/clinic events
 - outline of facility and technology needs
 - estimate of the camp/clinic attendees and arrival/departure dates
 - camp's actual registration date, time, and location and who will be responsible for completion of all necessary items.
 2. no later than 2 months prior to the start date of the camp/clinic
 - final schedule of camp/clinic (to be used for finalizing space reservations)
 - preliminary list of resources needed for camp/clinic (class set-up, technology, tents, swimming, other special requests)
 - staff arrival and departure times (if different from camper check-in/check-out times)
 - any update on number of participants
 3. no later than 1 month prior to the start date of the camp/clinic
 - preliminary residence hall rooming requests, including specification for singles/doubles
 - preliminary list of commuters (those attending camp/clinic but residing off-campus)
 - schedule (as it will be distributed to participants) to be sent to LU Conference Office for approval
 - all printed materials dealing with conference operations that will be distributed to ALL participants to be sent to LU Conference Office
 - list of handicap accessibility issues
 - FINAL space, technology and resource requests, including room set-ups
 - FINAL list of technology (phone, fax, internet) needs for residence halls
 - Special parking requests

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4. no later than 1 week prior to the start date of the camp/clinic
 - FINAL rooming list, including room assignments (will be used as a minimum guarantee)
 - FINAL list of commuters (will be used as a minimum guarantee)
 - FINAL resource and technology requests
 - FINAL parking needs
5. no later than 1 week AFTER ENDING DATE OF CAMP
 - FINAL count of actual participants, both residential and commuter

C. Coordinate meal times with Aramark's Director of Dining Services and the associated costs. Verify the method in which head counts for meals will be taken, verify meal head counts and associated costs at the conclusion of camp, and have associated invoice sent to the camp director for payment within one week of camp's conclusion. The camp/clinic director shall submit a pay request form for payment of invoice within one week of receipt.

D. Inspect all rooms at the beginning and end of the camp/clinic along with a representative of Conferences & Scheduling staff for damages.

E. Confer with Conferences & Scheduling Manager to reach agreement on total charges encompassing damages, lodging, lifeguards, etc. to be paid by the camp/clinic. A signed agreement shall result upon the completion of a particular camp/clinic.

F. Receive all invoices for housing, housekeeping within one week of the camp/clinic's conclusion AND submit a pay request for payment within one week of receipt.

HOUSING/STANDARDS OF CONDUCT

Policy Statement

Camp/clinic directors are accountable for the behavior of the campers/participants.

Procedures

The sports camp/clinic director shall inform all camp/clinic participants and counselors at the beginning of camp/clinic of the following housing guidelines:

1. Pets – No pets or animals of any kind are permitted in the residence halls under any circumstances, except cases involving specially trained guide dogs for the handicapped. Prior written approval from LU Housing must be obtained to permit the presence of these animals.
2. Firearms, Weapons, and Fireworks – No firearms or dangerous weapons (i.e. swords, bows and arrows, BB guns) are permitted. Additionally fireworks are prohibited.
3. Rights of Others – All campers staying in the residence hall must observe and respect the rights of their fellow campers and others. Excessive noise and horseplay is prohibited, and curfews must be obeyed.

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4. Care of Premises – All campers staying in the residence halls shall be responsible for its cleanliness. Rooms, walkways, hallways, and other premises shall not be obstructed, and any signs or advertising in windows, on doors, and elsewhere shall not be positioned without written consent of the Housing Services staff.

5. Maintenance and Repairs – The University’s Office of Housing shall be responsible for all maintenance and repair of the residence hall, its furniture, and its equipment. Requests for maintenance and repairs shall be reported to the Housing Services staff.

6. Right of Entry – The University reserves the right to enter the residence hall and any premises therein on occasion at reasonable hours for reasonable purposes to inspect the premises or perform repair/maintenance duties. The University shall make every attempt to provide advance notice, but such notice is not mandatory. In the event of emergency, or under circumstances in which advance notice is impractical, the University reserves the right to enter the residence hall.

MEDICAL INSURANCE/SERVICES

Policy Statement

The need for medical services is an integral part of the planning and preparation of special events at the university. Particular attention is required in the case of events involving:

- Use of the University's residential or athletic facilities
- Participants who are minors and/or are participating in athletic events
- Athletic competition
- Campers with certain medical conditions

Written approval by the Head Athletic Trainer, or designee, of the medical services planned for an event must be obtained before final approval to conduct the event is given.

Guidelines

1. Organizers of Longwood university sponsored camps or clinics shall consider medical needs of the events they are planning.

2. Characteristics of Longwood University sponsored sports camps and clinics that require the planning for medical services:

- Presence of minors
- Athletic competition and sport skill instruction

3. Required considerations:

- Personnel – certified athletic trainers
- Deployment – especially on site for athletic events
- Evening, night and weekend availability of services
- Authorizations for treatment, especially with minors
- Insurance coverage – individual and University
- Cost and payment for medical services
- Campers to Athletic Trainer ratio – per every 50 campers there should be a minimum of one (1) athletic trainer. Also per every venue of practice/competition there shall be a minimum of one (1) athletic trainer.
- NATA certified athletic trainers shall be paid \$600 for a four day camp. Athletic Training Students shall be paid the same rate as student-athletes employed as camp counselors. A contract shall be signed by the camp/clinic director and each Athletic Trainer prior to the start of the camp/clinic with the following included: Dates, Hours, Responsibilities (provide medical coverage), and salary. Responsibilities SHOULD NOT include bed checks, transportation, etc. unless extra pay is included AND BOTH parties are in agreement prior to the start of the camp/clinic.
- Accessibility for non-university services
- Information about medical resources adequately supplied to participants
- A Pre-Participation Physical Exam (PPE's) should be required prior to any participation in any camp. All PPE's are to be collected by the camp/clinic director and supplied to the medical personnel to review the participant's

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physical condition prior to athletic participation. The camp/clinic director shall retain the PPE's of each camp/clinic participant.

4. Approval of planning for medical services for Longwood University sponsored camp/clinics is vested in a committee comprised of the Head Athletic Trainer, the Associate Athletic Director/Business, and the Athletic Director.

Procedures

1. The camp/clinic director shall notify the Head Athletic Trainer as soon as possible of the medical requirement for an event. The notice shall be given no later than three (3) months prior to the start of the event for recurrent events such as summer camps. The notice shall reference the nature of the event, the number of participants, and any special needs of the participants. It is the responsibility of the camp/clinic director to keep the Head Athletic Trainer and designated athletic trainers informed of any change in such matters. A medical plan listing the details of the requirement in #3 above shall be provided by the camp/clinic director. The Head Athletic Trainer will assist the camp/clinic director in determining when existing resources are adequate to meet the needs of the event, or when special plans are needed because of the uniqueness of the event (i.e. size and/or risk of injury), or the time of the year.

2. Each sports camp/clinic director shall insure that medical coverage is obtained for each session of camp/clinic. If a camp/clinic director cannot find full-time medical coverage, existing full-time athletic training staff DOES NOT automatically assume responsibility!



LOST CAMPER PLAN

Policy Statement

Camp counselors must account for all campers/participants. It is essential that the counselor regularly check a roster of campers/participants. Additionally, it is suggested that each camper be assigned a fellow camper “buddy.”

Procedures

1. When a camper’s “buddy” or counselor notices that he/she is missing, the sports camp/clinic director should be immediately alerted. Upon receipt of this report, the camp/clinic director or his/her designated representative shall conduct a search at once to:

- Check all activity areas and places frequented by the camper
- Inform all staff members that a camper is missing (identify by name)
- If the camper is not found, the sports camp/clinic director and administrative staff confer to attempt to determine the lost camper’s last known whereabouts.

2. After one hour has elapsed and the camper still is missing, the sports camp/clinic director or his/her designated representative shall notify the Longwood University Security. The following should be provided:

- Height
- Weight
- Clothing Description
- Last place seen
- Any habits which may aid security

3. If the camper has not been located after 2 hours the sports camp/clinic director or his/her designated representative shall notify the parents and/or guardian.

4. Continue to follow directions of Longwood University Security.

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



APPENDIX A - Summer Sports Camps Critical Dates To Remember

- September** Receive rates from Conferences & Scheduling for housing, etc. for the upcoming academic year.
- Sports camp/clinic directors submit requested camp/clinic dates and needed athletic facilities to the Athletic Grounds Supervisor & Conferences & Scheduling Office.
- October** Facilities and date requests are approved by Conferences & Scheduling Office and athletic facilities approved by Athletic Grounds Supervisor.
- Sports camp/clinic director submits and proposes budgets and accompanying brochure materials, description forms, etc. to Assistance Athletic Director/Compliance and Associate Athletic Director/Business for approval. (Appendices K, L, and M)
- Athletics Director approves fees for LU camp/clinics and final brochures for publication.
- November** Camp/clinic director prepare brochures and submit to administration for approval process.
- Camp/clinic director has approved brochures printed.
- December** Camp/clinic director distributes approved brochures to prospective campers and posts on the athletics website.
- January** Camp/clinic director submits revised budgets to Associate Athletic Director/Business for final approval.
- February** Athletics Director approves revised budgets.
- March** Camp/clinic director meets with Conferences & Scheduling to begin the 3 month time line process outlined in the Housing Meals section of the handbook.
- Camp/clinic director meets with Head Athletic Trainer to arrange final contracted medical services for camp/clinic.
- April** Camp/clinic director meets with Motor Pool to arrange any needed transportation for camp/clinic.
- Camp/clinic director meets with Aramark Dining Services to arrange meals for camp/clinic.
- May** Camp/clinic director finalizes camp/clinic items.
- August** Associate Athletics Director/Business reviews all financial reports and submits to Athletic Director.
- September** Athletic Director approves all financial reports.
Final camp/clinic transfers from agency accounts to foundation are completed by the Associate Athletic Director/Business.

Note: Adjust dates for camps and clinics other than summer camps.

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



APPENDIX B - Proposed Sports Camp/Clinic Budget

Camp Name _____	Year _____
<u>Income/Revenue</u>	
_____ Residential Campers @ \$____ camper	\$ _____
_____ Commuter Campers @ \$____ camper	\$ _____
_____ Special Discounts @ \$ ____ camper	\$ _____
Other Income (List below)	\$ _____
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
TOTAL EXPECTED INCOME/REVENUE	\$ _____
<u>Expenses</u>	
Staffing * (See detailed section below on separate page)	\$ _____
Camp Director	\$ _____
Asst. Director	\$ _____
Athletic Trainer	\$ _____
Clinicians	\$ _____
_____ Student Athletes	\$ _____
T-shirts & Apparel	\$ _____
Awards & Prizes	\$ _____
Insurance # of campers _____ @ \$5.00 per camper	\$ _____
Dining Hall	\$ _____
# Campers _____ @ _____/day X # ___ of days	
OR	
Breakfast ___ days X ___ People = \$ _____	
Lunch ___ days X ___ People = \$ _____	
Dinner ___ days X ___ People = \$ _____	
Dorm Rooms	\$ _____
_____ rooms @ \$ _____/night = \$ _____	
Note: Include rooms for camp staff in your room counts	
Housekeeping for dorm rooms	\$ _____
# _____ rooms @ \$ _____/room = \$ _____	
Conferences & Scheduling Fees	\$ _____
# Campers _____ @ \$15.00 per camper (Residential)	
@ \$8.00 per camper	
# Campers _____ (Commuter)	

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Lifeguards (See note below) \$ _____
 # _____ guards X # _____ hrs. X _____ X Days

Brochures Printing/Duplication \$ _____
 Equipment (List) \$ _____
 _____ = \$ _____
 _____ = \$ _____
 _____ = \$ _____

VIPNET (credit card charges - see note below) \$ _____

Transportation \$ _____
 Port-A-John \$ _____
 Field Paint # applications _____ @ \$50.00 per application \$ _____
 Postage \$ _____
 Pictures \$ _____
 Extra Labor (as determined by C & S resource requests) \$ _____
 Miscellaneous (List) \$ _____
 _____ = \$ _____
 _____ = \$ _____
 _____ = \$ _____

EXPECTED TOTAL EXPENSES \$ _____

EXPECTED TOTAL CAMP PROFIT \$ _____

Submitted By: _____
 Sports Camp/Clinic Director

Signed: _____
 Associate Athletic Director/Business

Date: _____

Date: _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



NOTES

* **Staff Note:** List each camp staff member, job position, and their total salary including 6.75% FICA

Member Name	Job Position	Base Salary	Hourly \$ Rate	# Hrs to be worked at camp	FICA	TOTAL
-------------	--------------	-------------	-------------------	-------------------------------	------	-------

***FICA** (University portion) = 6.75% of total salary

* **Lifeguards Note:** Lifeguards are scheduled ONLY through Conferences & Scheduling at a rate
You must have 1 lifeguard per 25 people.

* **VIPNET Note:** Charges are \$5.00 per transaction plus 1.64% of the total transaction amount.
of \$15/hr per lifeguard. This includes both deposits and payment of remaining camp fees.
Example: \$100 deposit fee paid by credit card; your camp would be charged \$6.64 as shown
below.

$$\text{Transaction fee} = \$5.00 + \$1.64 \text{ (1.64\% of transaction amount of \$100)}$$

* **Athletic Trainer Fee** for 4 day camp is \$600.

* **Port-a John** = \$20/week per unit ordered

* **Field paint charges** (paint cost only; no charge for labor) = \$50/per application

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**

***APPENDIX C - Sports Camp/Clinic
Financial Report Package***



All sports camp/clinic financial report package submissions will include the following:

- Sports Camp/Clinic Financial Report – Summary
- Sports Camp/Clinic Financial Report – Detail
- Sports Camp/Clinic Final Registration List
- Sports Camp/Clinic Staff Salaries
- Miscellaneous Camp/Clinic Revenue Disclosure

Sports Camp/clinic financial report package submissions will also include the following, if applicable:

- Sports Camp/Clinic Free or Reduced Admission List
- Memorandum: Free or Reduced Admission List
- Sports Camp/Clinic No Show List
- Sports Camp/Clinic Refund List

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



APPENDIX D - Sports Camp/Clinic Financial Report – Summary

Camp/Clinic _____ **Camp/Clinic Dates:** _____

Director: _____

Total Number of Campers/Clinic Participants: _____

Total Number of Staff: _____

Revenue _____

Less Refunds (-) _____

Total Revenue _____

Total Expenditures _____

Total Profit/Loss _____

Director's Share (____%) _____

Submitted by: _____
Camp/Clinic Director

Date: _____

Approved by: _____
Associate Athletic Director

Date: _____

Approved by: _____
Athletic Director

Date: _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



APPENDIX E - Sports Camp/Clinic Financial Report – Detail

Camp Name _____	Year _____
<u>Income/Revenue</u>	
_____ Residential Campers @ \$____ camper	\$ _____
_____ Commuter Campers @ \$____ camper	\$ _____
_____ Special Discounts @ \$ ____ camper	\$ _____
Other Income (List below)	\$ _____
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
TOTAL INCOME/REVENUE	\$ _____
<u>Expenses</u>	
Staffing * (See detailed section below on separate page)	\$ _____
Camp Director	\$ _____
Asst. Director	\$ _____
Athletic Trainer	\$ _____
Clinicians	\$ _____
_____ Student Athletes	\$ _____
T-shirts & Apparel (including coaches shirts and shorts, etc.)	\$ _____
Awards & Prizes	\$ _____
Insurance # of campers _____ @ \$5.00 per camper	\$ _____
Dining Hall	\$ _____
# Campers _____ @ _____/day X # ____ of days	
OR	
Breakfast _____ days X _____ People = \$ _____	
Lunch _____ days X _____ People = \$ _____	
Dinner _____ days X _____ People = \$ _____	
Dorm Rooms	\$ _____
_____ rooms @ \$ _____/night = \$ _____	
Note: Include rooms for camp staff in your room counts	
Housekeeping for dorm rooms	\$ _____
# _____ rooms @ \$ _____/room = \$ _____	

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



APPENDIX F - Sports Camp/Clinic Final Registration List

Camp/Clinic _____ Camp/Clinic Dates _____

Resident = _____
 Commuter = _____
 Total Campers = _____

Camper's Name	Amount and Method of Payment				Total Paid
	Fee Owed	Cash	Check *	Discount/ Free **	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Were any checks returned due to insufficient funds? YES NO

If yes, what means were used to collect the money?

*** Copies of all checks shall be maintained with the Camp/Clinic Director**

**** Free or reduced admission to an individual shall be documented on Appendix G and Appendix H.**

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



APPENDIX H – Memorandum: Free or Reduced List

Memorandum

Date:

To: Troy Austin, Athletics Director

From: Sports Camp/Clinic Director

Subject: Free or Reduced Admission Recipient

Camp: _____ Free or Reduced Admissions Amount: \$_____

Camper's Name: _____

Camper will enter _____ grade in the fall.

Please check one: Camper has has not won a varsity athletic letter.

Reason for request (Check One):

- 1. Son/daughter of coach/administrator working the camp/clinic
- 2. Son/daughter of faculty/staff
- 3. Other: _____

Provided discount is available to all individuals in a given category.

NCAA Policy Statement

I am aware of all NCAA rules and regulations involving camp or clinic free or reduced admission privileges addressed in NCAA Bylaw 13.13.1.5.1. I certify that the camper names above falls into the category checked.

Sports Camp/Clinic Director

Parent or Guardian (If #1 or #2 are checked)

Approved: _____
Assistant Athletic Director/Compliance

Date: _____

Approved: _____
Associate Athletic Director/Business

Date: _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Appendix J – Sports Camp/Clinic Refund List (Non No Shows)

Camp/Clinic: _____ Camp/Clinic Dates: _____

1. _____
Name Amount of Refund

Reason for Refund _____

2. _____
Name Amount of Refund

Reason for Refund _____

3. _____
Name Amount of Refund

Reason for Refund _____

4. _____
Name Amount of Refund

Reason for Refund _____

5. _____
Name Amount of Refund

Reason for Refund _____

6. _____
Name Amount of Refund

Reason for Refund _____

7. _____
Name Amount of Refund

Reason for Refund _____

8. _____
Name Amount of Refund

Reason for Refund _____

Total \$ _____

Submitted by: _____ Date: _____
Camp/Clinic Director

Approved: _____ Date: _____
Associate Athletic Director/Business

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Appendix K - Camp/Clinic Description Form

Please fill out this form for each camp or clinic you intend to operate. Please submit this form for approval and attach a copy of your brochure. Summer camps deadline date is **October** each year; deadline date for clinics is not later than one month prior to the start of your proposed clinic.

Coach: _____ Sport: _____

Dates of Camp/Clinic: _____

Description of purpose of Camp/Clinic: _____

Facilities and equipment to be used (please include overnight accommodations):

Age group: _____ Projected Number of Participants: _____

Restrictions on participants (if any): _____

Methods of soliciting participants (please describe): _____

Will any individuals be specifically invited ? (Explain): _____

Amount of registration fee: _____

Will any discounts or scholarships be available? ____ On what basis? _____

Describe any concession arrangements if any: _____

Will any awards or prizes be given? (describe) _____

Approval Signatures:

Assistant Athletic Director/Compliance _____

Date: _____

Associate Athletic Director/Business _____

Date: _____

Athletic Director _____

Date: _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Appendix L - Sports Camp/Clinic Staff Compensation Form

Please complete this form for each camp/clinic you intend to operate. Please submit this form for approval by October for summer camps, and not later than one month prior to the start of your proposed clinic.

Camp/Clinic: _____ Date(s): _____

Camp/Clinic Director: _____

Will transportation expenses or mileage be provided or reimbursed for any employee?
 Yes No (If yes, please include a notation and the value in the compensation column.)

Will the child of an employee receive free or reduced admission? Yes No
 (If yes, please include a notation in the compensation column.)

Please list all camp/clinic employees by category:

Department of Athletics Employees:

Name	Camp/Clinic Staff Position	Base Salary or Hourly Rate	FICA	Total Compensation
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

High School/Preparatory School/Two-Year College Coaches:

Name	Camp/Clinic Staff Position	Base Salary or Hourly Rate	FICA	Total Compensation
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Others (including student-athletes)*:

Name	Camp/Clinic Staff Position	Base Salary or Hourly Rate	FICA	Total Compensation
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____	6. _____

* For each employee indicate current employment, background or status as a prospective student-athlete in the space below.

Submitted by:
Signature of the Coach: _____ Date: _____

Approval Signatures:

Assistant Athletic Director/Compliance: _____ Date: _____

Associate Athletic Director/Business: _____ Date: _____

Athletic Director: _____ Date: _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Appendix M - Student-Athlete Work Description/Compensation Form

Please complete this form for each camp/clinic you intend to operate and submit for approval by **October** for summer camps, and not later than one month prior to the start of your proposed clinic.

Student-Athlete: _____ Sport: _____

Name of Camp/Clinic: _____

Dates of Camp/Clinic: _____

Period of Employment: From _____ to _____

Salary (for period of employment): Base = \$/Hr _____ FICA = \$_____ Total Salary = \$_____

Check here if volunteer services _____

Job Description: Check include percentage for each category that applies:

- _____ % Coach (instruct drills, develop skills, coach games)
- _____ % Registration Table
- _____ % Officiate
- _____ % Dorm Counselor
- _____ % Concessions Operator
- _____ % Set-up/Tear down facility/equipment
- _____ % Lecture/Demonstrate
- _____ % Other Describe: _____

Are any expenses being provided? _____ Yes _____ No

If yes, please indicate below:

	Method of Payment	Approximate Value
_____ Travel	_____	_____
_____ Meals (during camp)	_____	_____
_____ Meals (in transit)	_____	_____
_____ Lodging (during camp)	_____	_____
_____ Lodging (in transit)	_____	_____

Submitted by:
Signature of the Coach: _____ Date: _____

Approval Signatures:

Assistant Athletic Director/Compliance: _____ Date: _____

Associate Athletic Director/Business: _____ Date: _____

Athletic Director: _____ Date: _____

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Appendix N - Miscellaneous Camp/Clinic Revenue Disclosure

Camp/Clinic: _____ Camp/Clinic Dates: _____

Source of Revenue:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Expenses:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Profit: \$ _____

All funds received from above have been deposited into agency account # _____.

Signature of Camp/Clinic Director: _____ Date: _____

Note: This form is not just limited to camp stores. All camp funds from sources other than registrations are to be reported on this form.

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**

Appendix O – Camper Information Materials



Confirmation Packet

This is a confirmation letter with the information that we have on file in our office. This letter is your form of a receipt so please print it out for your records. If any of the following information is incorrect please call us as soon as possible to correct any errors. Please return to us the completed medical form and final payment, **AT LEAST TWO WEEKS PRIOR TO YOUR CAMP. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT COMPLETION OF THE MEDICAL FORM.**

CAMPER'S NAME:

CAMP ENROLLED **DATE**

PAYMENT

Total Cost \$

Deposit \$

Balance Due \$

HOUSING INFORMATION

__Day Camper __Resident Camper

ROOMATE REQUEST

(ROOMATE REQUESTS ARE
GUARENTEED)

Registration Information

Date:

__ 2-3:30pm Sunday (Resident and Commuter)

__ 8:30am Monday (Tennis Camp)

__ 8:30am Saturday (Golf Day Camp)

Refund Policy

Deposits- THERE IS A NON-REFUNDABLE \$50.00 DEPOSIT FOR ALL CAMPS.

General Policy- The NON-REFUNDABLE DEPOSIT covers the processing fee on all cancellations and refunds. Operational costs (such as staffing, meals, room reservation, insurance, etc.) are all calculated well in advance to accommodate campers. Once camp has started, the costs are pro-rated, less the non-refundable deposit. There are no refunds issued for campers who decide to leave camp after the first day. Only campers who are ill or injured will receive a pro-rated fund. Note: Homesickness is an illness that does not have grounds for a refund. Campers may choose to become a day camper instead of continuing on as a resident camper in this instance.

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Longwood University Athletic Camps – MEDICAL REPORT

(Please complete all blanks and return at least two weeks prior to camp, Campers will not be allowed to participate unless this form is completed and signed.)

Department of Athletics, 201 High Street, Farmville, VA, 23909

Child's Name _____ Age _____ Camp _____ Camp Dates _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____

Telephone Numbers: Home _____ Office _____ Mobile _____

2 additional adult contacts in case of an emergency while your child is attending camp:

Name/Phone # _____ Name/Phone# _____

Any physical disabilities that will prevent your child from participating in activities during camp
(including swimming)?

**Medications
(Epilepsy/Diabetes/etc.)** _____

Any other conditions/concerns the college nurse/athletic trainer should be aware of:

Date of last tetanus shot _____ Any drug allergies? _____

Please list any/all medications that your child will bring with him/her to camp and how they have been instructed to use them:

*Please check if allergic to: bee stings _____ reaction (if allergic) _____

Recommended
Treatment _____

Please Check Appropriate Line:

____ I would like to be contacted about any visit to the university nurse/athletic trainer.

____ I approve the university nurse/athletic trainer to give my child Tylenol for minor aches or pains, to treat minor abrasions, and to treat bee stings with antihistamines if deemed necessary.

____ I prefer to be contacted before my child is given any medications.

**LONGWOOD UNIVERSITY
ATHLETIC CAMPS/CLINICS**



Examining Physician's Report

I certify that _____ is fit to participate in the activities of the
_____ Camp.

Doctor's Signature _____ Date _____
Address _____ Telephone _____
(street)

(city) (State) (Zip)

Parent/Guardian Authorization Form and Assumption of Risk Statement

READ the following statements carefully, if you have any questions feel free to ask, when you fully understand all statements sign and date the form.

To the best of my knowledge, _____, is in good health and the undersigned, who is one of the parents having legal custody, or the legal guardian of the camper, hereby authorizes and consents to the attendance and participation of the said camper in all of the official activities of the Camp and the adult supervisor to exercise adult supervision, discipline, and control over the said camper.

I am aware that participating in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Because of the dangers of participating in athletics, I recognize the importance of following the instructions of coaches and staff regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions. I understand that my participation in this camp/clinic is VOLUNTARY.

I hereby assume all risks associated with participation, and agree to hold the Commonwealth of Virginia, Longwood University, its employees, agents, representatives, coaches, volunteers harmless from any and all liability, actions, causes of action, debt, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activity related to camp at Longwood University. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, and for all members of my family.

In the event that an injury, illness or emergency arises during my participation at Longwood University Camp, permission is hereby granted to the attending physician, athletic training staff, or other agent (coaches, EMTs, police, etc.) to proceed with any treatment deemed medically necessary, including, but not limited to, transport, evaluation, surgery, procedures, tests and follow-up care.

Signature _____ Date _____
(Parent or Guardian)

Medical Insurance Company: _____

Insurance Policy Number _____

Note: The Insurance carried by the Longwood University is for secondary insurance coverage for accidental injuries only. It does not cover medical expenses.