

DAY CAMPER INFORMATION  
**THIS IS YOUR CAR PASS – REMEMBER WHERE YOU PLACE IT!!**

MID-ATLANTIC FIELD HOCKEY CAMP  
50 Frog Hollow Lane, Mohnton, PA 19540  
484-332-3670      contact@midatlanticfieldhockey.com

Dear \_\_\_\_\_,

Thank you for registering for the 2019 Mid-Atlantic Field Hockey Camp. We have you registered as a day camper for the session of: \_\_\_\_\_

This unique camp is conducted at Cape Henlopen State Park, which is just a seashell's throw away from the Atlantic Ocean and the beautiful beach resort town of Lewes, Delaware.

We welcome you to arrive at camp between 5:00 and 5:30 p.m. on Sunday, Please register at the camp store, in Youth Camp II, in Cape Henlopen State Park.

Each day of camp concludes @ 8:15 PM and noon on Thursday. Please make arrangements for your pick up each day.

To keep your place reserved for camp your balance must be paid by June 15<sup>th</sup>. Your balance due to the Mid-Atlantic Field Hockey Camp is \_\_\_\_\_.

If the balance is not paid by June 15<sup>th</sup>, your reservation is not guaranteed and could be filled by campers on the waiting list. \*Please contact director if late.

\* You will find several sheets of information enclosed, two of which need to be filled out and returned along with your balance of payment by June 15<sup>th</sup>. These forms include the medical health history form, the legal consent form. If you need a hockey stick or other field hockey equipment, the list will be available on the website by June 15th. We sell the top of the line hockey equipment at reduced prices.

Your fee (\$335.00 for day campers) includes all meals, housing, and instruction. Campers are invited to bring spending money for the beach and camp concession stands, and the camp store, which will be selling field hockey shirts, shorts, and equipment.

*The refund policy of the Mid-Atlantic Field Hockey Camp is as follows. If the cancellation occurs before June 1<sup>st</sup>, a full refund except for the \$100.00 registration fee will be given. If the cancellation occurs between June 1 and June 30, the camper will receive a half refund, except for the \$100.00 registration deposit fee. Any cancellation made after June 30 will result in no refund. No Exceptions.*

*The Mid-Atlantic Field Hockey Camp offers an outstanding staff of coaches and college players to help you and your teammates become the best players possible. Each day of camp will involve instructional sessions full of drills and techniques geared to improving your individual field hockey skills, as well as team games, which will help mold your team and you into a competitive contender.*

*For you to get the most out of your experience at the Mid-Atlantic Field Hockey Camp, it is important that you arrive at camp in good physical condition. You should begin a conditioning program at least 4 weeks prior to camp.*

*Again, we are happy you have registered for the Mid-Atlantic Field Hockey Camp. We feel this year's camp will be the best ever, and you will be a very important part of it. If you have questions, check our website, FAQ'S or contact camp director.*

*Good Luck, Frannie Slabonik, Camp Director*

**PLEASE KEEP THIS INFORMATION WHERE YOU WON'T FORGET IT!**

## **DAY CAMPERS**

# **THIS IS YOUR CAR PASS – REMEMBER WHERE YOU PLACE IT**

**Page 1. Read Carefully, and be sure your balance of payment is correct, and the week you are attending is correct.**

**Page 2. Follow these helpful directions, and keep this information in a safe place.**

**Page 3. This Legal Consent Form needs to be filled out completely and accurately, and needs to be returned with your balance of payment by June 15<sup>th</sup>. If you have paid the full amount, you may fill out pages 3 & 4 and return them ASAP.**

**Page 4. This Health History is extremely important to our camp MEDICAL STAFF. Please fill out this form completely and accurately. This form also needs to be returned with your balance of payment by June 15<sup>th</sup>. The parents or guardians may fill this information out. The camper needs a recent physical examination (each camper should have a completed physical within the calendar year of your camp session).**

**Page 5. Please read this Information for day campers:**

**Page 6. This shows the Daily Schedule from Sunday thru Thursday.**

**Page 7. Please read carefully, Suggestions to follow at camp.**

**Page 8. This is our 42<sup>nd</sup> year for the Mid-Atlantic Field Hockey Camp in Lewes, DE. It's a wonderful place to visit, and vacation while your daughter is at camp.**

**Equipment List: List will be available by June 15<sup>th</sup>, contact Frannie to request an equipment list. This form will give you an idea of what equipment will be available at camp. Our prices are more reasonable than any sporting goods stores, as a service to our campers. \*If you do not preorder the stick or other equipment of your choice, it can be ordered by Monday noon and shipped to camp by Wednesday. \*Shipping charges may apply.**

**Items For Camp: Sneaker and/or Cleats, Stick, Shinguards, mouth piece, goggles recommended, Water Jug, Sun Screen, Beach Break items**

**\*CHECK-IN SUNDAY, BETWEEN 5:00–5:30 PM. IN THE CAMP STORE IN YOUTH CAMP 2, CAPE HENLOPEN STATE PARK, LEWES, DE.**

**AS YOU ARE DRIVING INTO CAPE HENLOPEN STATE PARK, FOLLOW MAFH CAMP SIGNS,**

**\*YOU MUST SHOW THIS PACKET OF PAPERS TO GET THROUGH THE FEE BOOTH. UNLESS YOU**

**ALREADY HAVE A DE STATE PARK PASS. \*You will be charged entrance fee, without this pass.**

**\* CAMP BANK AND CONCESSION STORE:**

**To prevent the loss of money at camp, you may purchase bankcards on Sunday at camp bank. These cards will keep your money safe and you may buy items in the store, and take money out for the beach, snacks, etc. anytime you wish. On Thursday, the camp will return any unspent money. This system eliminates the loss of money in the dorms, or on the fields.**

**\* CAMPERS ADDRESS AT CAMP:**

**Please mail your letters/packages before Monday, so the girls will receive the mail before they go home. They leave on Thursday before the mail arrives.**

**CAMPER'S NAME, MAFHC, CAPE HENLOPEN STATE PARK, 15099 CAPE HENLOPEN DRIVE, LEWES, DE. 19958**

**\* EMERGENCY PHONE NUMBER: Frannie Slabonik 484-332-3670**

**This is my cell phone, available 24 hours. Text available just be sure to identify camper and yourself.**

**\*State Park Biden Center Office 302-644-5005, available 8:00 AM TO 4:00 PM, this number has an answering machine available during the evening and overnight. Office personnel will get message to me ASAP. \*There is limited cell phone reception on campus. I will reply ASAP.**

**MID-ATLANTIC FIELD HOCKEY CAMP  
LEGAL CONSENT FORM**

(RETURN THIS WITH THE BALANCE OF PAYMENT BY JUNE 15<sup>th</sup>)

**\*\* BE SURE TO HAVE ALL SIGNATURES SIGNED CORRECTLY**

**Dear Parent,**

Your daughter has indicated she desires to participate in the Mid- Atlantic Field Hockey Camp athletic program for the week of July \_\_\_\_\_, 2019. We want to inform you that you will have to use your family insurance to cover all injuries and illnesses while your daughter is at camp, or for any camp related injury or illness.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

I hereby release and discharge Mid-Atlantic Field Hockey, LLC (“MAFH, LLC”), United States Field Hockey Association (“USFHA”), and Cape Henlopen State Park (“CHSP”), its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child’s participation as a player or spectator during her stay at camp.

I fully understand that: these activities involve risks and dangers of serious bodily injury, ("RISKS"); these Risks and dangers may be caused by my own actions or inaction’s, the actions or inaction’s of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I authorize MAFH, LLC, USFHA, CHSP, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge MAFH, LLC, USFHA, CHSP, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby certify that my child/camper, registrant, is covered by a personal insurance policy or is included in a policy which I have in force. Further, I hereby authorize routine medical dispensary care for the registrant, and I authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense. I hereby grant permission for MAFH, LLC; USFHA; CHSP; and local physicians and medical facilities to administer proper treatment for this registrant.

I certify that the participant is in good health and able to participate in all camp activities.

I give permission to use my child’s name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon MAFH, LLC and/ or USFHA for reimbursement for use of this material.

\_\_\_\_\_  
Parent or Legal Guardian Signature (if minor)                      Date                      Name of Participant (Please Print)

**\*\*(ATTACH A PHOTO COPY OF YOUR INSURANCE CARD FOR EMERGENCIES)\*\***

**Primary Insurers Insurance Company - \_\_\_\_\_**

Policy number - \_\_\_\_\_ Group# \_\_\_\_\_

Primary Insurers Name - \_\_\_\_\_ & Date of Birth- \_\_\_\_\_

Primary Insurers Employer’s Name - \_\_\_\_\_

\*Parent’s Signature- \_\_\_\_\_, Date- \_\_\_\_\_

\*Camper’s Signature- \_\_\_\_\_, Date- \_\_\_\_\_

(Parent & camper signatures must be signed for the camper to attend camp.)

Please return this form with your balance of payment before June 15<sup>th</sup>

READ CAREFULLY – IMPORTANT INFORMATION – REMEMBER WHERE YOU PLACE IT!  
 HEALTH HISTORY FOR THE MID ATLANTIC FIELD HOCKEY CAMP  
 (RETURN THIS FORM WITH YOUR BALANCE OF PAYMENT BY JUNE 15<sup>th</sup>)  
 PLEASE HAVE THIS FORM COMPLETED BY A PARENT, GUARDIAN, OR FAMILY PHYSICIAN  
 (PLEASE PRINT NEATLY AND COMPLETE THIS FORM ACCURATLY)

NAME - \_\_\_\_\_ BEST PHONE # TO REACH PARENT (     ) \_\_\_\_\_  
 (camper's name)

ADDRESS- \_\_\_\_\_  
 CITY - \_\_\_\_\_ STATE - \_\_\_\_\_ ZIP - \_\_\_\_\_

EMERG. CONTACT PHONE # (     ) - \_\_\_\_\_

AGE - \_\_\_\_\_ GRADE THIS FALL - \_\_\_\_\_

CAMPERS DATE OF BIRTH- \_\_\_\_\_ & STATE OF BIRTH- \_\_\_\_\_

**NAME OF SCHOOL ATTENDING -**

| Have you had?                         | Yes | Have you had?                             | Yes | Have you had?                       | Yes |
|---------------------------------------|-----|---|-----|-------------------------------------|-----|
| Allergy to:                           |     | Anemia                                    |     | Cancer                              |     |
| Bees, Wasps                           |     | Blood disorders                           |     | Chronic medical condition (specify) |     |
| Peanuts                               |     | Headaches                                 |     | Depression, anxiety                 |     |
| Penicillin                            |     | Migraines                                 |     | Heart Disease                       |     |
| Sulfonamides                          |     | Hearing disabilities                      |     | Hepatitis B                         |     |
| Other (specify)                       |     | Menstrual cycle disorders                 |     | Hepatitis C                         |     |
|                                       |     | Stomach or intestinal disorders           |     | Kidney disease                      |     |
| Asthma                                |     | Other:                                    |     | Mobility disability                 |     |
| Chicken pox/Varicella                 |     | Surgery or serious injury                 |     | Neurological disorder               |     |
| Diabetes, thyroid, endocrine problems |     | Current non-prescription medicines (list) |     | Other psychological problem         |     |
| High blood pressure                   |     |   |     | Organ loss                          |     |
| Infectious mononucleosis              |     | Current prescription medicines (list)     |     | Seizure                             |     |
| Respiratory disorders                 |     |   |     | Serious head injury                 |     |
| Tropical disease (specify)            |     | Current vitamins or supplements (list)    |     | Vision problems, corrective lens    |     |
|                                       |     |   |     |                                     |     |

**TO PARTICIPANT, PARENT, OR GUARDIAN:**

Is this participant capable of carrying a full program of fitness activities, including sports of all kinds? Yes No  
 If "No", please state limitations below.

Is the participant now under treatment or medication for any medical or emotional condition? Yes No  
 If "Yes", explain below.

Have you had any recent injuries to bones, muscles, or joints? Yes No If "Yes", explain below.

Do you wear a brace for any injury? Yes No If "Yes", explain below.

Have you ever had a concussion? Yes No If "Yes", approximate date \_\_\_\_\_

Is there anything else about this participant that we should know? Yes " No "  
 If "Yes", explain below.

Is the participant able to swim? Yes No

Date of Last Tetanus Shot \_\_\_\_\_ (WE RECOMMEND A TETANUS SHOT BEFORE CAMP)

NAME OF FAMILY PHYSICIAN - \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER - (     ) - \_\_\_\_\_

PRINT NAME OF PARENT OR GUARDIAN- \_\_\_\_\_

\*SIGNATURE OF PARENT OR GUARDIAN - \_\_\_\_\_ DATE - \_\_\_\_\_

\*SIGNATURE OF PARTICIPANT - \_\_\_\_\_ DATE - \_\_\_\_\_

\*(parent & camper signatures must be signed for the camper to attend camp.)

NOTE TO PARENTS: THE MID ATLANTIC FIELD HOCKEY CAMP PRIDES ITS SELF IN HAVING QUALITY MEDICAL STAFF AT CAMP. WE ALSO HAVE GREAT COOPERATION WITH THE BEBEE HOSPITAL IN LEWES, WHICH IS ONLY MINUTES AWAY FROM CAMP. PLEASE ATTACH ANY ADDITIONAL MEDICAL INFORMATION THAT WOULD BE HELPFUL IN MAKING THE CAMP WEEK A SAFER AND HEALTHFUL SITUATION FOR YOUR DAUGHTER. IF ANY MATTER ARISES BEFORE CAMP BEGINS, THAT OUR STAFF SHOULD BE AWARE OF, PLEASE NOTIFY US PROMPTLY. PLEASE DON'T ALLOW YOUR DAUGHTER TO ATTEND CAMP IF SHE IS SICK OR INJURED, SO AS TO JEOPARDIZE HER FUTURE OR THE HEALTH OF OTHER CAMPERS. THANK YOU FOR YOUR COOPERATION.

## MID-ATLANTIC FIELD HOCKEY CAMP DAY CAMPER INFORMATION

\* If for some reason you are not a day camper, please notify the camp at [contact@midatlanticfieldhockey.com](mailto:contact@midatlanticfieldhockey.com)  
The following suggestions to day campers and your parents are ideas and situations that will help you have a better experience at the MID-ATLANTIC FIELD HOCKEY CAMP.

1. Your day camper rate is \$ 335. (your balance of payment should be paid by June 15<sup>th</sup>).

Please return your legal consent form and your health history with your balance of payment.

2. Sunday, check in at the camp store in Youth Camp 2, between 5:00-5:30 pm.

You should bring all your field hockey equipment with you. Goggles, shin guards, mouthpiece, stick, cleats and/or sneakers are mandatory.

You may eat dinner at our dining hall in YC 2, starting at 5:00, be on the fields, ready to play by 6.

The Sunday session is over at about 9:15, (after the evening session on the field and the meeting in Youth Camp 2). Parents may pick you up at the camp store at about 9:15.

All other evenings, campers can be picked up at camp store by 8:15 p.m.

3. If you drive to camp, please understand that you are our responsibility while you are at camp. We will ask you to park your car in the area by the camp store. You will also register your car on Sunday, when you check in to camp. At that time, you will be given a camp state park parking permit, which allows you to enter the park and park your vehicle while attending camp each day without any cost.

4. Day campers will have a designated place to leave your personal items during the day at camp.

5. You will be involved with all aspects of camp, all meals, (breakfast is optional), all hockey sessions, all meetings, everything at camp. The only thing is you get to sleep in the comforts of home.

6. If your parents or someone drives you to camp, they should drop you off at the dining hall if you are having breakfast, or you may want to be dropped off at the camp store in youth camp 2.

\*Please do not drop your camper off at the hockey field. There is no safe drop-off area at the fields.

You should be picked up at night at the camp store. Sunday night - 9:15, Monday night – 8:15,

Tuesday night - 8:15, Wednesday night – 8:15, Thursday Noon.

7. If you need to be taped or see our medical staff at any time, be sure you are in the store, at the training area 30 minutes before the next hockey session.

8. IF PARENTS WANT TO WATCH YOU PLAY IN THE EVENINGS, PLEASE HAVE THEM PARK IN THE PARKING AREA PAST THE EAST END OF THE FIELDS ON RIGHT.

You may want to bring chairs to sit while watching the evening games.

9. If you need to be picked up early for anything such as a softball game, dentist or doctor's appointment, please send in a note, stating the reason for getting the permission for the early dismissal from camp. Give this to the director or one of the staff personal in the camp store in the morning.

10. Please be considerate enough to let our staff know if you will not be attending a session for some reason. Please call Frannie Slabonik – 484-332-3670, or send a note in with another camper.

**\*\* IMPORTANT – Because of our concern for your safety and our liability, if you drive to camp, and plan on leaving during the day, you must have a written permission slip from your parents to do so. Anyone that rides with you must also have written permission prior to leaving camp. If you don't follow this rule, you will lose your privilege to drive and/or attend camp.**

These are suggestions to make our Mid-Atlantic Field Hockey Camp better for you and everyone!!!!  
Check out our website: [www.midatlanticfieldhockey.com](http://www.midatlanticfieldhockey.com)

Thank you, Mid-Atlantic Field Hockey Staff

# **MID-ATLANTIC FIELD HOCKEY CAMP DAILY SCHEDULE**

## **SUNDAY**

5:00 – 5:30 PM CAMP CHECK- IN, AT YOUTH CAMP 2 STORE, CAPE HENLOPEN STATE PARK.  
4:45 – 5:30 PM DINNER  
6:00 BE ON THE FIELD ( READY TO PLAY )  
WELCOME TO MID ATLANTIC CAMP  
COACHED GAMES  
8:15 BE AT YOUTH CAMP 1 DINING HALL–COACHES INTRODUCTIONS & CAMP (following evening  
games) RULES REVIEW, USA PARTNER CAMP – FUTURES, MEDICAL STAFF TALK  
9:15 YOU MAY BE PICKED UP AT THE CAMP STORE

## **MONDAY - WEDNESDAY**

7:45 YOU ARE INVITED TO BREAKFAST  
9:00 (MONDAY – TUESDAY) - INSTRUCTIONAL SESSIONS, POSSESSION,  
PASSING/RECEIVING & FIELD HOCKEY SKILLS CONTESTS - LONG DRIVE, AIR  
DRIBBLE, PUSH-PASS  
( WEDNESDAY ) – AEROBICS, MARKING, COACHED PLAY, PENALTY STROKES  
11:30 – 12:30 LUNCH  
1:00 ( MONDAY) – SKILLS SESSION, (TUESDAY) - SITUATION INSTRUCTION  
CORNERS, CIRCLE PLAY, STROKES, INDIVIDUAL/TEAM DEFENSE, LONG HITS,  
FREE HITS,SIDE-IN (WEDNESDAY) – SKILLS CIRCUIT AND FUTURES TESTING  
3:00 – 4:30 RELAX, BEACH BREAK, MOVIE AT YOUTH CAMP 2 DHALL, AND/OR  
INDIVIDUAL INSTRUCTION ON THE FIELD HOCKEY FIELDS  
4:30 – 5:30 DINNER  
6:00 MONDAY - PRACTICE GAMES, TUESDAY - CAMP CHAMPIONSHIP BEGINS  
WEDNESDAY – CAMP CHAMPIONSHIP CONTINUES  
8:15 \*EVENING EVENTS (WE WOULD LIKE YOU TO BE HERE FOR THE AFTER GAME  
SPECIAL EVENTS, ESPECIALLY ON SUNDAY – IT IS NOT MANDATORY):  
\* SUNDAY – INTRODUCTION OF THE STAFF & THE CAMP RULES REVIEW, & FUTURES.  
\* TUESDAY – ICE CREAM SUNDAE NIGHT \*WEDNESDAY – TALENT SHOW  
**\*Your parents can pick you up after the evening games at the Camp Store at approximatly 8:15 pm.**

## **THURSDAY**

7:45 YOU ARE INVITED TO BREAKFAST  
9:00 – 10:30 ALL STAR GAME/CHAMPIONSHIP ROUNDS CONTINUE  
10:30 – 11:45 CHAMPIONSHIP SERIES \*( ALL TEAMS PLAY AT LEAST 2 GAMES THURS.)  
11:45 - AWARDS PRESENTATIONS: ALL STARS, TEAM CHAMPIONS, SKILL WINNERS,  
NEATEST DORM FOR THE WEEK, MOST VALUABLE CAMPER .  
12:00 - CHECK OUT TIME, SAY GOOD-BYE TO NEW FRIENDS  
WE HOPE YOU ARE A BETTER FIELD HOCKEY PLAYER AND MORE IMPORTANT, A BETTER  
PERSON, BECAUSE OF THIS MID-ATLANTIC CAMP EXPERIENCE!

**\*IF YOU NEED TO SEE THE MEDICAL STAFF FOR ANY INJURIES, BE AT CAMP STORE 30 MINUTES BEFORE EACH SESSION STARTS**

**\*THIS SCHEDULE IS SUBJECT TO CHANGE**

**MID ATLANTIC FIELD HOCKEY CAMP  
SUGGESTIONS TO FOLLOW AT CAMP**

1. If you drove a car to camp, your car keys will be kept in the camp store until the last day.  
\*It is recommended that campers do not drive themselves to camp.
2. You are not to leave the camp session under any circumstances without prior written permission.
3. You may go to the beach only during the afternoon beach break. Do not drive to the beach.  
(You should always go with another camper. The beach is a state, life guarded beach. )  
\*Every beach break a Mid-Atlantic Staff member is stationed directly behind the head lifeguard stand.
4. You are required to attend all field hockey sessions; the only people who can dismiss you from a session are the medical staff, and the director.
5. All medications should be reviewed with the medical staff, and should be listed on your medical form. If it is to be refrigerated, be sure to see the store staff.
6. There are to be no alcoholic beverages, illegal drugs, or smoking/vaping in camp.  
\*If you are involved in infractions of these rules, your parents will be called, and you will be sent home. If you drove, your parents must still come to camp and escort you home.
7. No guests/friends are to be in camp at anytime. Don't invite anyone to meet you during the camp without permission.
8. Jewelry is not allowed on the fields, we recommend you not bring valuables to camp. You should keep your spending money in the camp bank. You may withdraw money anytime the bank is open, which is 8AM – 10PM whenever you are not on the hockey fields. What ever amount you deposit, you will have bankcards made out in your name. When you withdraw money, it will be marked off, or if you purchase something in the camp store, it will also be marked off. The balance of your money will be paid to you at the end of the week.
9. The mail goes out once a day from the camp store. The mail is delivered once, in the afternoon.
10. If you need special medical attention, please check with the medical staff upon arrival at camp, and \*include a special note on your medical form. If you have a special diet, please talk with the kitchen staff upon arrival, and \*\*include a note (or email) in addition to your medical form.
11. The medical staff is located in the camp store and on field during each session, if you need any medical attention, (blisters, sprains, illness, sore throat, see them right away. Be sure you sign in when checking with medical staff.
12. If you forget to bring something to camp, and it is a necessity, please let us know right away, and we will make arrangements to get it for you.
13. Be sure to bring sun block with you, and use it!!!
14. Our camp sells the highest quality field hockey equipment at reduced prices. Check the price list (available June 15<sup>th</sup>). We also sell field hockey shorts, shirts and apparel.
15. Most of our camp coaches are high school, college, club coaches and college players, who played college field hockey, please respect their position, they want to help you, ask them questions about the sport, and in regard to your future, as a potential hockey player in college.
16. When you are arriving on Sunday/Thursday, at the state park tollbooth, present this packet as your car pass, and they will allow you and your family to enter without paying.
17. On Thursday, your parents are invited to watch you play at 9:00 am. Camp is over by noon.
18. Please see staff if you need assistance in accessing a phone to call home.
19. This camp is sanctioned by the United States Field Hockey Association, our instruction follows the USA Partner Camp Curricula. We nominate 5% of our campers for the USFHA Futures.
20. This camp is a dedicated field hockey camp, if you are injured or sick just prior to camp, you should have a doctors release form signed by the doctor and your parents before attending camp.
21. Please don't use profanity on the field, or around camp. Be the best person you can be.
22. When you are walking to and from the fields, be aware of the cars when crossing the roads.
23. When you are walking to and from the beach, use the paved walking paths, not the roads.
24. Help keep the area clean, throw your paper & cans in the proper garbage containers.
25. Please do not ride in any motor vehicle while at camp without written parent permission.  
(Don't accept rides going to and from the beach area, or anyplace in the camp)
26. We ask you to follow the rules as stated above for the welfare of all the participants at camp.  
\*These are suggestions for you and parents, so this camp experience will be extremely positive.

## **THE MID-ATLANTIC FIELD HOCKEY CAMP**

**“ A TRADITION SINCE 1978 “**

THIS IS THE MID ATLANTIC FIELD HOCKEY CAMP'S 42<sup>nd</sup> YEAR AT CAPE HENLOPEN STATE PARK. SEVERAL OF THE MORE EXPERIENCED STAFF HAVE BEEN HERE EVERY YEAR. THE SUCCESS OF THE CAMP IS DUE TO THE DEDICATION OF THE STAFF, AND THE UNIQUE AREA OF CAPE HENLOPEN STATE PARK.

BACK IN 1682, WILLIAM PENN PROCLAIMED THAT CAPE HENLOPEN AND ITS NATURAL RESOURCES WAS TO BE THE FIRST “ PUBLIC LANDS “, USED BY THE PEOPLE OF LEWES AND SUSSEX COUNTY. CAPE HENLOPEN IS STRATEGICLY LOCATED AT THE MOUTH OF THE DELAWARE BAY AND THE ATLANTIC OCEAN. THE TWO STONE 'BREAKWATER' BARRIERS BUILT IN 1869 AND 1901, STILL OFFER PROTECTION TO SHIPS DURING ROUGH SEAS.

IN 1941, THE CAPE BECAME A MILITARY BASE DURING WORLD WAR 11. OBSERVATION TOWERS, BUNKERS, AND GUN EMPLACEMENTS WERE BUILT TO PROTECT THE EASTERN SEABOARD FROM ENEMY INVASIONS. IN 1964, THE STATE OF DELAWARE RECEIVED OVER 500 ACRES AND ESTABLISHED CAPE HENLOPEN STATE PARK. TODAY, THE PARK IS OVER 5000 ACRES OF NATURAL BEAUTY.

HIKING TRAILS, INTERPRETIVE DISPLAYS, A FISHING PIER, OBSERVATION TOWERS, CAMP GROUNDS, A NATURE CENTER, PICNIC AREAS, BIKE PATH, DISC GOLF AND THE BEAUTIFUL BEACH ON THE ATLANTIC OCEAN, ARE A FEW FEATURES OF THIS AREA CALLED CAPE HENLOPEN STATE PARK.

CAPE HENLOPEN IS THE HOME OF THE MID ATLANTIC FIELD HOCKEY CAMP. THE CAMP IS HELD DURING TWO WEEKS IN JULY. SEVERAL HUNDRED FIELD HOCKEY PLAYERS ATTEND THE CAMP TO DEVELOP THEIR SKILLS AS THEY PREP FOR THE UPCOMING SEASON. THE MID ATLANTIC CAMP IS LOCATED IN THE YOUTH CAMP AREA OF THE STATE PARK. THIS AREA HAS DORMS, DINING HALLS, PLUS OTHER FACILITIES USED FOR YOUTH ACTIVITIES.

FAMILY AND FRIENDS OFTEN VACATION IN THE RESORT TOWN OF LEWES, A QUIANT FISHING VILLAGE, WITH A BEAUTIFUL BEACH, AND GREAT MARINA WITH FISHING BOATS OF ALL SIZES. LEWES IS LOCATED A FEW MILES NORTH OF REHOBOTH BEACH. BETWEEN LEWES AND REHOBOTH, IS ONE OF THE LARGEST OUTLET SHOPPING AREAS ON THE EAST COAST, A GREAT WAY TO SPEND THE EVENINGS AFTER A DAY ON THE BEACH.

MANY OF THE FAMILIES OF THE FIELD HOCKEY PARTICIPANTS STAY IN THE LEWES AREA FOR A WEEKEND, BEFORE OR AFTER THE CAMP WEEK. BECAUSE OF THE POPULAR VACATION AREA, ITS WISE TO PLAN AHEAD:

IF YOU ARE STAYING IN THE AREA, THE BEACON MOTEL HAS GREAT ACCOMMODATIONS.

CALL 1-800-735-4888, 1-302-645-4888, FAX- 302-645-8138, EMAIL - [bconmotel@dmv.com](mailto:bconmotel@dmv.com) USE CODE: MAFH19 FOR RENTAL PROPERTIES: 1-800-331-4241, JACK LINGO REALTORS.

FOR CAMPING AT THE CAPE HENLOPEN STATE PARK, CALL 1-800-987-2757 or [delaware.reserveworld.com](http://delaware.reserveworld.com).

CAMP GROUNDS: BIG OAKS, 302-645-6838; EAGLES NEST, 302-684-4031; 3 SEASONS CAMPING, 302-227-9418; TALL PINES, 302-684-0300; STEAMBOAT, 302-645-6500. THESE ARE LOCATED IN THE LEWES AREA.

FOR FISHING: ANGLER'S MARINA, 302- 644-4533; FISHERMAN'S WHARF, 302- 645-8862; LEWES HARBOUR MARINA, 302- 645-6227. FOR GOLF: OLD LANDING, 302- 227-3131; BAYWOOD GREENS, 302- 947-9800; THE ROOKERY, 302-684-3000.

FOR MORE INFORMATION, CALL THE LEWES CHAMBER OF COMMERCE, 302-645-8073.

*THE CAMPERS, WHO NORMALLY ATTEND THE MID ATLANTIC FIELD HOCKEY CAMP, COME FROM A FIVE STATE AREA, DELAWARE, MARYLAND, NEW JERSEY, PENNSYLVANIA, AND VIRGINIA. THE GEOGRAPHIC AREA IS EXPANDING TO INCLUDE GIRLS FROM THE NEW ENGLAND AREA, AND THE CAROLINAS. MANY OF OUR FORMER CAMPERS ARE NOW PLAYING AT THE COLLEGIATE LEVEL, AND RETURN TO CAMP AS JUNIOR COUNSELORS. MANY OF THE STAFF MEMBERS WERE FORMER JC'S, AND ARE NOW COACHES AND CAMP INSTRUCTORS. THIS IS WHAT MAKES THE MID-ATLANTIC FIELD HOCKEY CAMP SUCH A GREAT INSTITUTION. ALL ITS STAFF WORKS HARD TO MAKE EACH CAMPER THE BEST THAT SHE CAN BE AS A FIELD HOCKEY PLAYER, AND AS AN INDIVIDUAL, CONTRIBUTING IN OUR SOCIETY.*