HELVETIC SUMMIT
ADVISING

HSA CAMP REGISTRATION PACKET

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CAMP REGISTRATION PACKET

Complete one packet per athlete before camp participation.
This form supports registration, travel planning, medical preparation, and family communication.

Player Full Name

Camp Location

Camp Dates

Program / Package

Registration Date

PACKET CHECKLIST

- ☐ Camp selection and player information completed
- ☐ Hockey, apparel, and equipment details completed
- ☐ Parent/guardian and emergency contacts completed
- ☐ Medical, dietary, allergy, and insurance information completed
- ☐ Travel and lodging information completed, if applicable
- ☐ All waivers, consent forms, and signatures completed

For international participants, include passport details, travel documents, insurance information, and medication instructions.

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SECTION 1: CAMP SELECTION & PLAYER INFORMATION

CAMP SELECTION

☐ USA Camp ☐ Europe Camp ☐ Other / Custom Camp

Camp Location / City | Camp Dates | Camp Year | Package

Age Group

☐ Ages 10-14 ☐ Ages 15-19 ☐ Custom

Participant Type

☐ Skater ☐ Goalie

PLAYER INFORMATION

Player Full Name | Preferred Name | Date of Birth

Age | Birth Year | Nationality | Player Email

Player Phone | Passport Number | Passport Expiration

Home Address

City | State / Province | Country

PACKAGE SELECTION / PAYMENT TRACKING

Select the package or option that applies. Fees can be finalized separately by HSA.

☐ International Full Package
☐ International Athlete Package
☐ National Premier Package
☐ International Lodging Package
☐ National Elite Package
☐ National Athlete Package

Deposit Received | Balance Due | Payment Notes

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SECTION 2: HOCKEY & APPAREL INFORMATION

HOCKEY INFORMATION

Current Team

League

Level

Position

Shoots / Catches

Height

Weight

Jersey Number

Highest Level Played

Years Playing

Stick / Curve

APPAREL SIZING

Jersey Size

Short Size

T-Shirt Size

Hoodie Size

Pant Size

Sock Size

Hat Size

Glove Size

EQUIPMENT / TRAINING NOTES

Equipment Notes / Special Requests

Primary development priorities for camp:

- ☐ Skating
- ☐ Shooting
- ☐ Puck Skills
- ☐ Hockey Sense
- ☐ Compete / Toughness
- ☐ Off-Ice Habits

Anything coaches should know about the player before camp?

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SECTION 3: PARENT / GUARDIAN & EMERGENCY CONTACTS

PRIMARY PARENT / GUARDIAN

Parent / Guardian Name | Relationship | Phone

Email | Alternate Phone | Country

Address, if different from player

SECOND PARENT / GUARDIAN

Second Parent / Guardian | Relationship | Phone

Email | Alternate Phone | Country

EMERGENCY CONTACTS

Emergency Contact 1 | Relationship | Emergency Phone

Emergency Contact 2 | Relationship | Emergency Phone

COMMUNICATION PREFERENCES

☐ Email ☐ Text Message ☐ Phone Call ☐ WhatsApp

Communication Notes / Family Availability During Camp

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SECTION 4: MEDICAL & SAFETY INFORMATION

This information is used to help staff prepare responsibly. Families remain responsible for providing complete and accurate medical information before camp.

Allergies

Medications / Dosage / Timing

Medical Conditions / Recent Injuries / Concussion History

Dietary Restrictions / Food Allergies

Physical Limitations / Training Restrictions

INSURANCE / DOCTOR INFORMATION

Insurance Provider

Policy Number

Insurance Phone

Doctor / Clinic

Doctor Phone

Medical Card Copy

Medical authorization:

☐ I authorize HSA staff to seek emergency medical care if a parent/guardian cannot be reached.

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SECTION 5: TRAVEL & LODGING INFORMATION

TRAVEL TYPE

- [ ] HSA Group Flight
- [ ] Family Travel
- [ ] Local / Day Camper
- [ ] Family Travel Assistance Needed
- [ ] Parent Attending Camp

Arrival Airline

Arrival Flight #

Arrival Date

Arrival Time

Departure Airline

Departure Flight #

Departure Date

Departure Time

LODGING / ROOMING

- [ ] HSA Player Rooming
- [ ] Parent Rooming
- [ ] Own Lodging

Roommate Request

Rooming Restrictions / Notes

TRANSPORTATION

- [ ] Airport Pickup Needed
- [ ] Airport Drop-Off Needed
- [ ] Family Will Drive

Travel Notes / Special Instructions

INTERNATIONAL TRAVEL CHECKLIST

- [ ] Passport Valid
- [ ] Visa / ESTA / ETIAS Confirmed
- [ ] Insurance Card
- [ ] Medication Instructions
- [ ] Emergency Contacts
- [ ] All Forms Signed

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SECTION 6: DEVELOPMENT QUESTIONS

Biggest Hockey Strength

Area To Improve

What Do You Hope To Gain From Camp?

How does the player like to be coached?

How does the player learn best? (visual, verbal, repetition, video, etc.)

Previous Camps / Training Experience

Additional Information HSA Should Know

Camp focus requests:

- ☐ Skating
- ☐ Scoring
- ☐ Puck Protection
- ☐ Hockey IQ
- ☐ Compete
- ☐ Confidence
- ☐ Off-Ice Habits
- ☐ Video / Feedback

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SECTION 7: AGREEMENTS, CONSENT & SIGNATURE

PHOTO / VIDEO CONSENT

- ☐ Authorize photo/video use for HSA camp media, training review, and promotional material.
- ☐ Do not authorize photo/video use beyond internal camp operations.

ACKNOWLEDGMENTS

- ☐ I understand hockey training involves risk of injury and agree to the liability waiver.
- ☐ I authorize emergency medical care if a parent/guardian cannot be reached.
- ☐ I understand the player must follow camp rules, staff instructions, and team standards.
- ☐ I understand travel/lodging expectations and agree to communicate itinerary changes immediately.
- ☐ I understand payment, refund, and cancellation policies will be governed by the final camp invoice/terms.
- ☐ I confirm the information in this packet is accurate to the best of my knowledge.

Notes / Exceptions / Clarifications

SIGNATURES

Parent / Guardian Printed Name | Parent / Guardian Signature | Date

Player Printed Name | Player Signature | Date

HSA Staff Reviewed By | Review Date | Registration Status