



July 27-31, 2020

SYNERGY Defense Camp

Fenton Forum, Fenton, MO

Thank you for trusting in Synergy Hockey for your skaters' hockey development. We encourage you to provide us with your feedback, before, during and after your skaters' week with us, so we can be sure we're meeting your expectations, along with our own. We're excited for your skater to **WORK HARD, HAVE FUN and GET BETTER** with us this week!

PLEASE READ ALL DETAILS AS THERE ARE MANY NEW POLICIES THAT MUST BE FOLLOWED IN ACCORDANCE WITH LOCAL HEALTH/SAFETY GUIDELINES.

All individuals in the ice rink MUST wear a mask/face covering when not engaged in a camp related physical activity. All camp participants should arrive each day with a mask/face covering on.

DAILY CLINIC SCHEDULE Group 1 – for skaters with last names starting with letters A - L **Arrive Dressed for On-Ice Session**		DAILY CLINIC SCHEDULE Group 2 – for skaters with last names Starting with letters M - Z **Arrive Dressed of Off-Ice Session**	
Drop Off:	8:30-8:50AM	Drop Off:	9:00AM
AM On-Ice Session:	9:00AM	AM On-Ice Session:	10:45AM
Lunch Break:	12:00PM	Lunch Break:	12:30PM
PM On-Ice Session:	1:00PM	PM On-Ice Session:	2:45PM
Pick Up:	4:00PM	Pick Up:	4:15PM
*All skaters will be participating in an AM and PM off-ice session each day, either before or after their scheduled on-ice sessions.			

IMPORTANT CAMP INFORMATION:

- Due to new COVID-19 restrictions/precautions, we are doing all we can in connection with the local ice rinks to reduce person to person exposure for the safety of our participants, staff and the families everyone goes home to each day. With this said, ONLY registered camp participants, coaches and rink staff are allowed in the ice rink during camp hours. Spectators will not be allowed.
- **For daily Check-In:** Please follow the diagram (see next page) for traffic flow. We will be conducting curbside/front door drop off each morning to reduce person to person exposure. Coaching staff will greet skaters outside the main rink door entrance (please make sure skaters are wearing a mask). If traffic looks congested (or prior ice rentals are trying to exit parking lot) parents are welcome to park across the street and walk up (also with mask on) to assist with check-in/drop-off, but are asked not to enter into the rink. Each morning participants will be given a quick health screening and a temperature check, prior to entering the building. If participant does NOT pass the health screening (100.4 temp or higher, or recent COVID-19 exposure) they will not be allowed to enter the rink and will need to return home.
 - **For MONDAY AM Check-In:**
 - Participants will be given their camp jersey
 - Parents/guardians will be given Name Signs (2 per family) for use during daily pick-up.
 - **DAILY HEALTH ASSESSMENT will include the following** questions: within the last 24 hours, have you had any of the following – Fever? Loss of smell or taste? Sore throat? New or worsening cough? Diarrhea or vomiting? Shortness of breath or trouble breathing? Contact with anyone diagnosed with COVID-19 in past 2 weeks? Participants temperature will then be taken – if YES to any of the above questions or 100.4+ temperature, participant will be asked to go home.
- **For daily Pick-Up:** All participants will be given 2 Highlighter colored Name Signs (on Monday morning) for display in the windshield of approved pick-up drivers. Please be sure these Name Signs are clearly visible in the windshield of the person picking up participants. Please follow the traffic flow for curbside/front door pick up.

The Name Signs in the windshield will allow our coaches to ensure each skater is going home with an approved person. Again, if traffic flow looks congested, please park across the street, carry your name sign and walk towards the front doors to retrieve your skater.

- **PLEASE PAY ATTENTION TO PICK-UP TIMES! OUR STAFF WILL NOT LEAVE THE RINK UNTIL ALL SKATERS ARE PICKED UP. LATE PICK UP FEES WILL BE INCURRED (\$1.00/MINUTE STARTING AT 4:20pm) IF OUR STAFF HAS TO STAY FOR YOUR SKATER.**



- Medications of any type (prescription, over the counter, cough drops, etc) are NOT allowed with camp participants. Company policies/procedures MUST be followed. Should your participant require medication through the camp day, please follow these detailed instructions.
 - Prescription medications - MUST be in original container with original labels, showing participants name and dosage instructions. Place medication(s) in a ziplock bag with the participants name on the outside of the bag. Enclose an index card in the ziplock back with the participants name and any medication dispensing instructions (amounts and times).
 - Over the counter medications – follow same instructions as above (ziplock bag, index card with instructions, etc.)
 - Give any and all medication to the Synergy staff member AT CHECK-IN while your participant is receiving their health screening.

All medications will be kept in a safe, secure area until needed, and at that point will be distributed by a SYNERGY Staff member to the appropriate camp participant, and then returned back to its secure location until end of camp day (or end of camp week) when it will be returned to participants guardian.

- If your skater has a medical condition that may affect him in any way at camp, please inform our office and or SYNERGY staff during check-in at camp.
- Face masks are required and hand sanitizer will be provided. Participants will be reminded to wash hands and use sanitizer frequently throughout each day.
- **Bring/Wear to the Rink:** Full USA Hockey approved gear for all on-ice sessions. Comfortable, athletic clothing for off-ice sessions (t-shirt, shorts, running/athletic shoes – no flip flops/sandals). **AND face masks/coverings.** Group 1 skaters should come mostly dressed each morning – skates and helmets can be put on once inside the rink. Skaters will be evenly split up between all available locker rooms and or assigned an area in the stands to ensure 6 feet distance or more between one another.
- **Bring:** Water bottle or Gatorades with participants name CLEARLY marked, **AND a packed lunch.** Please remind your skater that they are NOT TO SHARE ANY DRINK OR LUNCH ITEMS WITH ANYONE! It is also highly advised that your skater packs a bottle of sunscreen spray for outdoor, off-ice activities.

- **DO NOT Bring:** Toys, electronics, or other items that may get misplaced or stolen! Synergy Hockey will NOT be responsible for lost or stolen items. Cell phones are NOT allowed in locker rooms or restrooms and will be taken away if usage rights are being abused.
- No money will be required for anything unless a small amount is wanted for purchasing items from a concession stand or beverage/snack machine, if one is even available in the rink.
- All camp participants will receive a camp jersey on Monday morning at check-in. This will be their jersey to keep and wear throughout the week. We are advising that equipment be properly dried out each evening, wiped down with sanitizing wipes, sprayed with Lysol sanitizer or washed.
- Please inform your participant that Synergy Hockey will not tolerate bullying, horseplay, foul language or other forms of unacceptable and disrespectful behavior. **Please make sure they understand our policies for prescription/non-prescription medications and NO Cell Phones in Locker Rooms/Bathrooms – anyone caught abusing any of these rules will be reprimanded.** It is at the discretion of the camp staff to do as they see fit with any situation whether it be a warning or a removal from further camp participation.
- **LUNCH/SNACK:** This is a FULL DAY camp so lunch WILL be needed. Food or beverage will NOT be provided by SYNERGY Hockey so all skaters should have a packed lunch each day. Lunch and drink items are NOT to be shared or traded with others. Campers will be separated by 6+ feet during lunch breaks.
- If there is a special instructional message for Synergy coaching staff (ie: doctor appointment, picking up early, arriving late next day, etc), please write your message out on note paper – date the message with current date, provide skaters first and last name, and guardians name and phone number. Give the note to the coaching staff assisting your skater at morning drop-off.
- **COVID-19 WAIVERS:** ALL attendees must complete the following before participation:
 - 1). Synergy Hockey COVID-19 Waiver before participation. It's a quick and easy online waiver. Here is the link: <https://forms.gle/xHdm9fqPxNqHiD9VA>
 - 2). Fenton Forum/Affton Athletic Association Waiver – see last page – this must be printed, signed and turned in on Monday morning.
- For any daytime emergency questions, please contact the Synergy Office at 636-237-2220 or the St. Louis Ice Zone at 314-227-5288.



SUNDAY EVENING CHECKLIST:

- Hockey Gear is ready to put on in the morning – don't forget helmet, gloves, skates, stick, AND a face mask/covering!
- Off-ice/dryland clothing and tennis shoes are ready and packed.
- Lunch is packed
- Water or drink bottles are labeled and ready
- Mom/Dad signed and submitted SYNERGY Hockey's online COVID-19 waiver through link provided.
- Mom/Dad printed, signed and have the Fenton waiver ready to turn in to rink staff.
- Review the drop-off and pick-up times and procedures.
- Get to bed early and plan for a good healthy breakfast before you leave in the morning!

PLAY SMART! COVID-19 SAFETY PLAN



IF YOU HAVE
A FEVER



HAVE BEEN
EXPOSED



OR DON'T
FEEL WELL



STAY
HOME!

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND
INDEMNITY AGREEMENT RELATING TO COVID-19**

Adult Participant Name: _____

Minor Participant Name: _____

Participant Age(s): _____

Minor Participant Name: _____

Participant Age(s): _____

Minor Participant Name: _____

Participant Age(s): _____

IN CONSIDERATION for being permitted to utilize the services, facilities and programs of **Affton Athletic Association** and its member teams (hereinafter referred to as "Affton") and/or for my children listed above to participate, including, but not limited to, observation or use of facilities or equipment, or participation in or acting as a spectator during any program affiliated with Affton, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has carefully considered Affton's programs and find and accepts same as being safe and reasonably suited for the use or participation by the undersigned and participating children.

The undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States, including several cases in Missouri. In accordance with the most recent guidance issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Missouri Department of Health for slowing the transmission of COVID-10, the undersigned hereby agrees, represents and warrants that neither the undersigned nor such participating children shall participate in, visit or utilize the facilities, services, and/or programs of Affton if he or she (i) experiences symptoms of COVID-10, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, (ii) has a suspected or diagnosed/confirmed case of COVID-10, or (iii) has exposure to any person who has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Affton immediately if he or she believes that any of the foregoing restrictions may apply.

The undersigned acknowledges and agrees that Affton has taken certain steps to implement protocols for slowing the transmission of COVID-19, and that Affton may revise its procedures at any time based on updated recommended guidance issued by public health agencies. The undersigned agrees to comply with Affton's revised procedures prior to utilizing the facilities, services, and/or programs of Affton, and further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by Affton, social distancing of 6 feet per person among children and their fellow participants or others is not always possible. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and services of Affton and acknowledges that despite Affton's reasonable efforts to mitigate such dangers, exposure to COVID-19 may occur, which could result in quarantine requirements, serious illness, disability, and/or death.

In further consideration of being permitted to participate in Affton's programs, THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Affton or any of their respective member teams, coaches, officials, directors, officers, employees, volunteers and agents, or any of the fellow participants or their family members or guests from all liability, loss, damage, claim or demands related to property damage or any injury, illness or death of the undersigned, his/her minor children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of Affton or otherwise while the undersigned or such participating children are on the premises or using the facilities or equipment or participating in any program affiliated with Affton. Nothing in the agreement should be construed as releasing, discharging or waiving any claims the undersigned may have for conduct that constitutes greater than ordinary negligence.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS Affton or any of their member teams, coaches, officials, directors, officers, employees, volunteers and agents, from any loss, liability, damages or costs they may incur, whether caused by Affton's negligence, active or passive, or otherwise while the undersigned or any participating child is participating in any program of Affton, on the premises or using any facilities or equipment affiliated with Affton. The undersigned understands and agrees that Affton is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort. The undersigned agrees and acknowledges that use of Affton facilities and services, and participation in Affton programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death, or property damage.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, or otherwise while using the premises, facilities or equipment and/or while participating in or observing any program affiliated with Affton. THE UNDERSIGNED further expressly agrees that this agreement is permitted by the laws of Missouri and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENT, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT I AM GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM AFFTON IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING EXPOSURE TO COVID-19 AT ANY AFFTON FACILITY OR DURING PARTICIPATION IN ANY PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

IF SIGNING ON BEHALF OF MINORS: This is to certify that I understand that this agreement is made on behalf of my minor child(ren) and/or legal ward(s) and I represent and warrant to Affton that I have full authority to sign this agreement on behalf of such minor(s). As a parent/guardian with legal responsibility for this participant, I have read and explained the provisions in this agreement to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against COVID-19. My child/ward understand and accepts these risks and responsibilities and I, my spouse and child/ward have read and understand the terms of this agreement and agree to its terms.

SIGNATURE: _____

DATE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____