



**June 29-July 2, 2020**  
 (4 Days ONLY – Mon-Thurs)  
**SYNERGY Battle Clinic**  
 Centene Community Ice Center,  
 Maryland Heights, 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.**

DAILY CLINIC SCHEDULE Group 1 – for 2009, 2010, 2011, 2012, 2013 Birth Years		DAILY CLINIC SCHEDULE Group 2 – for 2005, 2006, 2007, 2008 Birth Years	
**Arrive Dressed for On-Ice Session**		**Arrive Dressed of Off-Ice Session**	
Drop Off:	12:30PM	Drop Off:	12:50-1:00PM
On-Ice Session:	1:00PM	Off-Ice Session:	1:10PM
Off-Ice Session:	2:50PM	On-Ice Session:	2:40PM
Pick Up:	4:00PM	Pick Up:	4:20PM

**IMPORTANT CAMP INFORMATION:**

- Due to new COVID-19 restrictions/precautions, only a certain number of people are allowed in sports facilities. With this said, we are requesting that only registered camp participants, coaches and rink staff to be in the ice rink during camp hours. There are no spectators allowed.



- For daily Check-In:** Coaching staff will greet skaters at the main rink door entrance. Parents are welcome to walk up to the doors 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 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.
  - Parents/guardians to submit/return the printed, signed Centene waiver (see last page)
- **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.
- Group 1 Participants should arrive with most of their on-ice gear on. They can put their skates and helmets on once they arrive to the rink. Group 2 Participants can arrive in their off-ice gear since they will begin with an off-ice session.
- **For daily Pick-Up:** All parents/guardians will be given 2 Highlighter colored Name Signs (on Monday morning) for display in the windshield of approved pick-up drivers at the end of each day. Please park in the parking lot near the designated curb-side pick-up area until you see skaters starting to exit the building. At that time, please form a safe and organized car line in the curb-side pick-up area, with your Name Sign clearly displayed in your windshield. We ask that parents/approved pick up people, remaining in their cars and our coaching staff will assist skaters with finding their cars and send them off for the day. The Name Signs in the windshield will allow our coaches to ensure each skater is going home with an approved person.
  - **PLEASE PAY ATTENTION TO PICK-UP TIMES! OUR STAFF CAN NOT LEAVE UNTIL EVERYONE IS PICKED UP. LATE PICK UP FEES WILL BE INCURRED (\$1.00/MINUTE) STARTING AT 4:30PM.**
- 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 bag 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 and hand sanitizer will be provided. Face masks will be required by our staff during all off-ice sessions – masks are not required for participants but will be available if they would like one. 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). Group 1 Skaters should come mostly dressed each morning – skates and helmets can be put on once inside the rink. Group 2 Skaters should come dressed for their off-ice session each morning. **It is highly suggested that participants consider wearing clothing under their hockey equipment that can also be worn for their off-ice session to eliminate the need for locker room or private space for changing clothing. Each rink has their own policies on locker room usage as it depends on the size of the rooms.**
- **Bring:** Water bottle or Gatorades with participants name CLEARLY marked. Please remind your skater that they are NOT TO SHARE ANY DRINK OR FOOD/SNACK 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.
- 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 a Synergy Hockey COVID-19 Waiver before participation. It's a quick and easy online waiver. Here is the link: <https://forms.gle/xHdm9fqPxNqHiD9VA> And, Centene Community Ice Center has a waiver of their own (see last page) – please print, sign and bring with you on Monday.
- For any daytime emergency questions, please contact the Synergy Office at 636-237-2220 or the Centene Community Ice Center at 314-451-2244.



### MONDAY MORNING CLINIC CHECKLIST:

- Hockey Gear is ready
- Off-ice/dryland clothing and tennis shoes are ready
- 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 the Centene waiver and it's ready to bring tomorrow
- Review the drop-off and pick-up times and procedures.
- Eat a good breakfast and lunch!

PLAY SMART! COVID-19 SAFETY PLAN



**IF YOU HAVE  
A FEVER**



**HAVE BEEN  
EXPOSED**



**OR DON'T  
FEEL WELL**



**STAY  
HOME!**

**CENTENE COMMUNITY ICE CENTER PARTICIPANT RELEASE/WAIVER**

**--READ BEFORE SIGNING--**

In consideration of being allowed to participate in an on-ice activity at the Centene Community Ice Center, I \_\_\_\_\_, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this activity is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in any on-ice activity, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I acknowledge that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By entering the Centene Community Ice Center, I AM KNOWINGLY AND FREELY ASSUMING THE RISKS related to exposure to COVID-19.
4. I willingly agree to comply with the stated and customary terms and conditions for participation in and on-ice activity as well as all laws, regulations, ordinances, and Centene Community Ice Center to reduce the risk of transmission of COVID-19. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately.
5. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS: GLOBAL SPECTRUM, Legacy Ice Foundation and the city of Maryland Heights, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, including any and all COVID-19 related claims asserted or alleged against Releasees, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
6. I, hereby grant permission to Centene Community Ice Center representatives, to take and use photographs and/or digital images of me for use in news releases and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of the Centene Community Ice Center representatives.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**x** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**x** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

**CHILD(REN)'S NAME/AGE:** \_\_\_\_\_