

# BRAVE LACROSSE

## Ohio State Trip October 11<sup>th</sup> – October 12<sup>th</sup>

1. **Travel** – Columbus, OH: We will be Traveling via charter bus on Saturday, October 11<sup>th</sup>. The bus will be equipped with TV's, DVD player, WiFi and restrooms.
2. **Departure** - We will depart from the two locations listed below. 9:00AM from the Center of Clayton and 9:45AM from the O'Fallon IL location.

We will have two departure/arrival locations and times:

- 1.) **The Center of Clayton** – 50 Gay Avenue, Clayton, MO 63105 – 9:00 am  
(arrive early so we can leave on time)
  - 2.) **O'Fallon IL** – RP Lumber - 7700 Plummer Business Drive, Troy IL  
62294 – 9:45 am (arrive early so we can leave on time)
3. **Hotel** - Courtyard Columbus Airport – 2901 Airport Drive, Columbus Ohio, 43219 –  
Phone 614.475.8530
  4. **Game Locations** - Woody Hayes Athletic Center - 535 Irving Schottenstein Drive,  
Columbus, OH 43210
  5. **Chaperones** – TBD
  6. **Coaches** – Christine Hehmeyer 314.707.7629, Melissa Smith 315.719.2966, Taylor  
Smith 716.247.0167, Brian Smith 314.537.1300
  7. **Game Schedule** - Will not be released until Check In at 9am on Sunday, October 12th
  8. **Return** – The clinic and games are scheduled to conclude at 3pm eastern so I would  
anticipate a return time of roughly 11pm.
  9. **Fees** - \$375.00 Due at Practice Tuesday 10/7/14

Brian Smith – bsmith@bravelax.com



# WOMEN'S LACROSSE

# 2014

## 5v5 MIDWEST CHALLENGE



### SUNDAY, OCTOBER 12, 2014

#### SENIOR DIVISION

Grades 9-12

Registration: 8:15 - 9 am

Clinic & Games: 9 am - 3 pm

#### JUNIOR DIVISION

Grades 6-8

Registration: 1 - 1:45 pm

Clinic & Games: 2 - 8 pm

The 5v5 format is perfect out of season competition for teams looking to improve. The 5v5 pace focuses on stronger stick skill, offensive and defensive transition in a competitive, fun environment

Teams should consist of at least 5 field players and 1 goalie. Players may register as a part of a team or individually. Each player must submit a separate registration form.

**5 v 5 Rules:** Games will be played on a small sided field with one goal at each end. There will be 5 field players and 1 goalie from each team on the field. Score will be kept for each game. There will be no restraining lines and there will be free goalies clears after each goal. US Lacrosse rules will apply for each age group.

**Senior Division:** Every team will participate in round robin play in the afternoon and will automatically qualify for the single elimination tournament in the afternoon. Tournament champions will be crowned and awarded prizes.

**Junior Division:** Every team will participate in round robin play in the afternoon and the evening.

#### ENROLLMENT

The fee for the 5v5 Midwest Challenge is \$55 per player. This camp is open to any and all girls in grades 6-12. A house team will be created for those that would like to register individually. House team assignments will be provided at check-in. All registrations must be post-marked by October 1, 2014. **Walk-up registrations are NOT permitted, so register early!** Full payment is required at the time of registration. You may register online by visiting [OhioStateBuckeyes.com/camps](http://OhioStateBuckeyes.com/camps). A 2.5% processing fee will be added to all online registrations. If registering by mail, please make your check payable to The Ohio State University.

#### REQUIRED FORMS FOR PARTICIPATION

The Parent Consent, Waiver & Release Form AND the Concussion Information Form are **REQUIRED** for all participants. Please visit [OhioStateBuckeyes.com/camps](http://OhioStateBuckeyes.com/camps) to obtain this form. Please complete, sign and send the form with your child to check-in – **do not** send the form to us prior to the date of camp. Athletes will not be permitted to participate without these forms.

#### FACILITIES

Games will be played at the Woody Hayes Athletic Center, the Harmon Family Football Park, and Buckeye Varsity Field, which are field turf, astro-turf and grass surfaces. Players should bring footwear that is appropriate for all playing surfaces.

#### EQUIPMENT

All campers are responsible for bringing their own equipment. **No equipment will be provided to ANY camper.** Players must bring their own sticks, goggles, mouthguards and goalie equipment. Registered teams must look uniform and wear similar colored jerseys/shirts.

#### MEALS & HOUSING

Campers are responsible for providing their own meal(s). The 5v5 Midwest Challenge is a **day camp only** and no overnight accommodations will be provided. Campers are responsible for providing their own overnight accommodations if needed. Hotel information can be provided upon request.

#### CONFIRMATION

Upon processing of each registration, a confirmation notice will be sent by email. A packet of "Important Information for Registered Campers" (including the Parent Consent & Waiver Form and Concussion Information Form) will be posted online at [OhioStateBuckeyes.com/camps](http://OhioStateBuckeyes.com/camps) at least 2 weeks prior to the start of each camp. This packet will **not** be separately mailed to campers.

Please check your email regularly, as this is our primary method of communication with campers and their parents.

#### REFUNDS

A full refund will be issued for any cancellation received at least 1 week prior to the start of camp. The 2.5% online processing is not refundable for ANY reason.

Because we have to guarantee our number of campers in order to prepare for camp, any cancellation received less than 1 week prior to the start of camp will not be eligible for any refund except in the case of injury, illness, or mandatory school event, in which case supporting documentation from a doctor or school is required.

A camp fee may not be transferred to any other Ohio State sports camp. A camp fee may not be transferred to any other camper. All cancellation notices must be received by the deadline above and submitted by mail, email, or fax - no phone calls or voicemails. All supporting documentation required for a refund to be approved and processed must be submitted within 10 days after the conclusion of the camp session. Refund requests must be submitted on the Refund Request Form available at [OhioStateBuckeyes.com/camps](http://OhioStateBuckeyes.com/camps). Campers who are injured while at camp but remain at camp will not be eligible for any refund.

#### MORE INFORMATION

Buckeye Sports Camps  
(614) 247-CAMP (2267)  
[buckeyecamps@osu.edu](mailto:buckeyecamps@osu.edu)

OR

Christie Kaestner  
[Kaestner.1@osu.edu](mailto:Kaestner.1@osu.edu)



## REGISTRATION

Complete a separate registration form for each participant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

(please use email address that you would like registration confirmation sent to)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year \_\_\_\_\_

5v5 Team Name: \_\_\_\_\_

Position (circle one): Attack Midfield Defense Goalie

I would like to receive further information about Ohio State Women's Lacrosse events.

## MORE INFORMATION

Buckeye Sports Camps or Christie Kaestner  
(614) 247-CAMP (2267) Kaestner.1@osu.edu  
buckeyecamps@osu.edu

*It is not permissible for boosters to provide expenses for individuals to attend any camps by the Ohio State Department of Athletics. Expenses include but are not limited to: lodging, meals, transportation, and/or camp registration fees.*

# WOMEN'S LACROSSE

Please check the appropriate session.

## Sunday, October 12, 2014

Senior Division (Grades 9 - 12) .....\$55

Junior Division (Grades 6 - 8) .....\$55

### OPTION 1: Online Registration

To register online, please visit [OhioStateBuckeyes.com/camps](http://OhioStateBuckeyes.com/camps).  
(A processing fee will be added to all online registrations.)

### OPTION 2: Check or Money Order

Make checks payable to: The Ohio State University

Mail application to: Women's Lacrosse 5v5  
Fawcett Center, 7th Floor  
2400 Olentangy River Road  
Columbus, OH 43210

To ensure that you receive the confirmation emails and other important communications about camp, please add **Buckeyecamps@osu.edu** to your Safe Senders List.

## 5v5 MIDWEST CHALLENGE



THE PEOPLE. THE TRADITION. THE EXCELLENCE.

SPORT:	FIRST NAME:	LAST NAME:
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CAMP DATE(S):	CAMPTeam NAME (TEAM CAMPS ONLY):
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### PARENT CONSENT, WAIVER AND RELEASE - LACROSSE

In consideration of the Ohio State University Buckeye Sports Camp acceptance of **(insert camper's name on blank line)** \_\_\_\_\_ as a participant in the sports camp and permission to allow participant's parents or legal guardians to watch the participant for the period in the dates indicated above, and in return for the opportunity to participate in this camp:

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto. Buckeye Sports Camps will be financially responsible for and has insurance that will cover most injuries/accidents occurring during camp (subject to policy terms, conditions and limits) but only as secondary coverage after parent's/guardian's insurance has paid.

I hereby certify that the above named participant is physically able to participate in The Ohio State University Buckeye Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by The Ohio State University to administer outpatient medical, surgical, or dental services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary.

In consideration for honoring the participant's request to participate, and his/her parents or legal guardians' - request to watch the above activity, I, for myself, and the participant, as well as my (and the participant's) executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on the participants' behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity and my watching of this activity. I also hereby agree to save, hold harmless, and indemnify The Ohio State University, its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, and students against any and all claims, including claims of negligence or failure to supervise, which I might bring myself or could bring on the participant's behalf against them as a result of his or her participation in or my watching the above activity. **I recognize that this Release means that I am giving up, among other things, rights to sue the University or its Board of Trustees, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child or I may incur.**

**MEDICAL INSURANCE INFORMATION:**

COMPANY NAME:	PHONE#:	GROUP#:	ID#:
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<b>MEDICAL HISTORY, IF PERTINENT (INCLUDING, BUT NOT LIMITED TO, INJURIES, SURGERIES, ALLERGIES) <sup>1</sup> Write "NONE" if Not applicable:</b>

<b>MEDICATIONS <sup>1</sup> Write "NONE" if Not applicable:</b>

<b>OTHER SPECIAL CONSIDERATIONS (E.G., DIETARY NEEDS) OR ACCOMMODATIONS <sup>1</sup> Write "NONE" if Not applicable:</b>

<b>PARENT OR LEGAL GUARDIAN'S SIGNATURE - ON BEHALF OF PARTICIPANT:</b>
<b>PARENT OR LEGAL GUARDIAN'S SIGNATURE - ON BEHALF OF PARENT/LEGAL GUARDIAN:</b>
<b>PARENT OR LEGAL GUARDIAN'S SIGNATURE - ON BEHALF OF PARENT/LEGAL GUARDIAN:</b>

**EMERGENCY CONTACT INFORMATION**

PARENT/ GUARDIAN NAME:	
PHONE#:	
PARENT/ GUARDIAN NAME:	
PHONE#:	
DATE:	

<sup>1</sup> Please note: Our camp medical staff may request additional information (e.g., documentation from the camper's treating physician) to review prior to the camper being permitted to participate in camp. If you have questions prior to camp, contact Cassie Bernard, Asst. Director of Camps, at [bernard.109@osu.edu](mailto:bernard.109@osu.edu)

## Parent Consent, Waiver and Release

Campers may only participate in a camp's activities after they have submitted a Parent Consent, Waiver and Release Form ("Consent Form"). The Parent Consent form should be submitted when the camper checks-in at camp on the first day.

The Consent Form should be fully completed and signed by the camper's parent or guardian. The parent or guardian should disclose the camper's pertinent medical history, including but not limited to, any medications which the camper is currently taking or required to take. **Please note that when you disclose pertinent medical history, you may be requested to provide additional information (e.g., documentation from the camper's treating physician) for our camp medical staff to review prior the camper being permitted to participate in camp.** If you have questions, please contact Cassie Bernard (Assistant Director - Buckeye Sports Camps Office) by email at [bernard.109@osu.edu](mailto:bernard.109@osu.edu). In order to adequately assess your information, please contact us at least 21 days prior to the start of the camp.

## Medication and Accommodation Requests for Campers

**Medications:** Campers may only carry medications to camp if such medications are to treat a potentially life-threatening condition. Typically, we have only permitted campers to carry EPI-pens and inhalers for asthma. Campers must disclose their intention to bring an EPI-pen or inhaler prior to their arrival at camp. In order to bring any medication (prescription or over-the-counter) to camp, a parent or guardian must make a request to the Camp Director. Each camper's situation will be considered on a case-by-case basis. To make a request, or to disclose the intended use of an EPI-Pen or inhaler at camp, please contact Cassie Bernard (Assistant Director - Buckeye Sports Camps Office) by email at [bernard.109@osu.edu](mailto:bernard.109@osu.edu). In order to adequately assess your request, please contact us at least 21 days prior to the start of the camp.

**Accommodations:** If you have questions about accessibility or you need to request assistance to participate in any of the Ohio State Athletics Department's sports camps, please contact Cassie Bernard (Assistant Director - Buckeye Sports Camps Office) by email at [bernard.109@osu.edu](mailto:bernard.109@osu.edu). In order to adequately assess your request, please contact us at least 21 days prior to the start of the camp.

# Ohio Department of Health Concussion Information Sheet

## For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



[www.healthyohiprogram.org/concussion](http://www.healthyohiprogram.org/concussion)

## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

### Resources

ODH Violence and Injury Prevention Program  
[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** *Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).*

**Step 2:** *Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).*

**Step 3:** *Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).*

**Step 4:** *Full contact in controlled practice or scrimmage.*

**Step 5:** *Full contact in game play.*

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health  
Violence and Injury Prevention Program  
246 North High Street, 8th Floor  
Columbus, OH 43215  
(614) 466-2144

[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

### Acknowledgement of Having Received the “Ohio Department of Health’s Concussion and Head Injury Information Sheet”

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete’s doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

\_\_\_\_\_  
Athlete (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

