



**2009**

**OFFICIAL RESIDENTIAL  
ACADEMY GUIDE**



June 10, 2009



Dear Cal South Camper and Parent,

Summer is upon us, and the 2009 Cal South ODP Camp is just around the corner. We look forward to meeting you for another successful camp full of fun, friendship and soccer. Please remember that we do not accept requests for roommates as all players are placed by year of birth.

Enclosed in this packet you will find the following:

- **Player Medical Release & Questionnaire \***
- **Self-Administration of Medication Consent Form (if applicable)\***
- **Copy of Medical Insurance Card\***
- **ODP Camp Code of Conduct\***
- **Clothing & Equipment List**
- **ODP Camp Schedule**
- **Directions to the Camp**

**\* Please complete all enclosed forms and mail, email, or fax to the Cal South Corporate Office  
Chrissy Teyechea, ODP Camps, 1029 South Placentia Avenue, Fullerton, CA 92831  
Email: [cteyechea@calsouth.com](mailto:cteyechea@calsouth.com) FAX 714- 441-0715**

### **Girls Camp**

**Saturday, June 27, 2009:** Camper's check-in from 3:00 p.m. – 4:00 p.m. Parent Orientation following check-in  
**Wednesday, July 1, 2009:** Final games begin at 10:45 a.m. Closing ceremony 12:00 p.m.

### **Boys Camp**

**Friday, July 3, 2009:** Camper's check-in from 3:00 p.m. – 4:00 p.m. Parent Orientation following check-in  
**Tuesday, July 7, 2009:** Final games begin at 10:45 a.m. Closing ceremony 12:00 p.m.

### **Finishing and Goalkeeping Camp**

**Thursday, July 9, 2009:** Camper's check-in from 3:00 p.m. – 4:00 p.m. Parent Orientation following check-in.  
**Sunday, July 12, 2009:** Final games begin at 11:45 a.m. Closing ceremony 1:00 p.m.

### **Emergency Phone Numbers & Contact Information**

Camp Director: Steve Hoffman 805.331-1522 (cell) Kathy Hoffman 714.715.2528 (cell)

Daytime Office Contact: Chrissy Teyechea 714.451.1553 or email: [cteyechea@calsouth.com](mailto:cteyechea@calsouth.com)

Camp Mailing Address: Camper's Name C/o Thacher School, 5025 Thacher Road, Ojai, CA 93023

**Player Medical Release and Questionnaire**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Information

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In the event of an emergency if you cannot be reached, please list a cell phone number and name of a person we can contact on your behalf**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please list any Medical Conditions we should be made aware off such as:**

Allergies to medication, insect bites, food, etc.: \_\_\_\_\_

Does your child have Asthma? Yes [  ] No [  ]

Please list the date of your child's last Tetanus shot: \_\_\_\_\_

Is your child recovering from surgery or any other injury that would not allow him/her to participate in strenuous activities while at the Cal South ODP camp? If yes, please provide a brief description of injury/condition. If you need more space, please use reverse side of form or attach another sheet.:

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Medical and/or Hospital Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*\* It is mandatory that you attach a copy of your Insurance Card\*\***

Insurance Company's Name: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**The Questions above have been answered completely and truthfully to the best of my knowledge**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail, Fax, or Email the completed form along with a copy of your Medical Insurance card to the Cal South ODP camp office 10 days prior to the camp start date**

Chrissy Teyechea, ODP Camps, 1029 South Placentia Avenue, Fullerton, CA 92831

Email: [cteyechea@calsouth.com](mailto:cteyechea@calsouth.com) or Fax: 714-441-0725



**SELF-ADMINISTRATION OF MEDICATIONS CONSENT FORM**

My child requires medications during ODP Camp. I will explain to my child the process and importance of self-administering medications while supervised by ODP staff. I understand and agree to the following terms and expectations:

1. Prescription medication must be delivered to ODP staff in original containers prepared by a pharmacist and include patient name, dosage, and time to be given. Only send the amount needed based on ODP Camp length.
2. All medication must be accompanied by this completed and signed consent form.
3. Children are not allowed to keep any prescription medications with them.
4. Parents must pick up all medications at the end of ODP Camp and deliver medications to the appropriate staff during subsequent camps. Medications that are not picked up at the end of camp will be discarded after two weeks.
5. ODP staff cannot force my child to take medications and can only facilitate the self-administration process. ODP staff is not liable if my child refuses to self-administer medications while supervised by ODP staff. If my child refuses to self-administer medications, while supervised by ODP staff, ODP staff will phone me.

**I ATTEST THE FOLLOWING MEDICAL DISCLOSURE IS TRUTHFUL AND COMPLETE AND I AUTHORIZE ODP STAFF TO ASSIST MY CHILD WITH SELF-ADMINISTRATION OF THE FOLLOWING MEDICATIONS:**

Medication Name: \_\_\_\_\_ Prescription? Yes [  ] No [  ]

Dosage and Schedule: \_\_\_\_\_

What condition does this medication treat? \_\_\_\_\_

What are the symptoms of this condition? \_\_\_\_\_

What side effects are or may be experienced from this medication? \_\_\_\_\_

If your child refuses to take the above medication, what will your child experience? \_\_\_\_\_

Should ODP staff know anything else about the above medication or your child's self-administration of this substance? \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## CAMP CODE OF CONDUCT

You are expected to follow the code of conduct listed here and those at the camp facilities. Failure to follow the rules will result in your removal and dismissal from camp at your parent's expense.

1. Remain at the camp at all times.
2. Follow the code of conduct in all matters.
3. Do not change rooms or visit another dorm unless approved by camp director.
4. Be responsible for your own behavior and for knowing the camp schedule.
5. Never leave a group activity alone. Always ask to take a buddy.
6. Treat others with respect. Do not damage or remove or any other camper's property. Do not enter another player's room during his/her absence. Respect the privacy and sleep time of others.
7. Be on time for all meals, training sessions and meetings.
8. All cell phones must be turned of by 9:00 p.m. each night. Usage of cell phones will only be allowed during free time.
9. Curfew times are as follows: 10:00 p.m. in room, 10:30 p.m. lights out, unless staff changes for an activity. **Please do not break curfew.**
10. Keep your room and personal belongings in order and always clean up after yourself.
11. After meals, please take your plates, glasses, knives and forks to the washing area.
12. Please report all injuries to our athletic trainer Tyler. If you feel sick, you should talk to your dorm mom so she can get the appropriate help.
13. Do not wear cleats, bounce balls, or play ball games in any buildings.
14. Do not change or remove any signs while at camp.
15. Dress appropriately at all times. Pajamas, boxers, etc., are not allowed outside of dorm rooms.
16. Parents are welcome to observe their child at the soccer field while playing or in training sessions only.
17. Under no circumstance can a parent or camper change rooms.

**(PARENTS ARE NOT ALLOWED IN THE DORMS OR CAFETERIA AT ANY TIME)**

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please Mail, Fax, or Email the completed form along with a copy of your Medical Insurance card to the Cal South ODP camp office 10 days prior to the camp start date

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## CLOTHING AND EQUIPMENT LIST

The following is a guideline for what to bring to camp. Use this as a checklist for what to bring as well as what you should be taking home with you when camp ends:

### **Soccer Equipment**

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Soccer Ball (mandatory) | <input type="checkbox"/> Warm-ups     | <input type="checkbox"/> Keeper gloves/pants/shorts |
| <input type="checkbox"/> Shin Guards (mandatory) | <input type="checkbox"/> Tennis Shoes | <input type="checkbox"/> Equipment bag              |
| <input type="checkbox"/> T-Shirts                | <input type="checkbox"/> Cleats       |   |
| <input type="checkbox"/> Shorts                  | <input type="checkbox"/> Socks        |   |

### **Clothing Items**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Suntan lotion (mandatory) | <input type="checkbox"/> Jeans/pants   | <input type="checkbox"/> Sleepwear    |
| <input type="checkbox"/> Swimwear (mandatory)      | <input type="checkbox"/> Shirts        | <input type="checkbox"/> Hat or visor |
| <input type="checkbox"/> Light Jacket              | <input type="checkbox"/> Shoes/Sandals |                                       |

### **Toiletries**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Comb/brush   | <input type="checkbox"/> Shampoo/Conditioner | <input type="checkbox"/> Deodorant         |
| <input type="checkbox"/> Shower shoes | <input type="checkbox"/> Toothbrush/paste    | <input type="checkbox"/> Towels            |
| <input type="checkbox"/> Laundry bag  | <input type="checkbox"/> Hair dryer          | <input type="checkbox"/> Feminine Supplies |

### **Miscellaneous Items**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Water bottle (mandatory)                               | <input type="checkbox"/> Electrical Fan      | <input type="checkbox"/> Pen/Pencil        |
| <input type="checkbox"/> Sleeping bag [or sheets/blankets] & pillow (mandatory) |  | <input type="checkbox"/> Phone Numbers     |
| <input type="checkbox"/> Alarm Clock  | <input type="checkbox"/> Small 3-ring binder | <input type="checkbox"/> Stationary/Stamps |
| <input type="checkbox"/> Hangers (optional)                                     |  |  |

### **Medical Supplies**

All Medication will be distributed in the main activity room at the following times:  
8:15 a.m., 11:15 a.m., and 5:45 p.m.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sunscreen (mandatory)     | <input type="checkbox"/> Lip Balm                 | <input type="checkbox"/> Mosquito Repellant           |
| <input type="checkbox"/> Tape (for routine taping) | <input type="checkbox"/> Inhaler (for asthmatics) | <input type="checkbox"/> Over the Counter Pain Relief |

**\*\*Prescribed medication will only be given with parent permission slip authorizing staff to administer medication\*\***



## 2009 Boys & Girls Residential Camps

7:30 a.m. – 8:15 a.m.	Breakfast	Cafeteria
7:45 a.m. – 8:50 a.m.	Get ready for field session	Dorms
8:50 a.m. – 9:00 a.m.	Meet outside of dorm for field session	
9:00 a.m. – 11:00 a.m.	Field Session	Fields
11:00 a.m. – 12:15 p.m.	Free Time: Swimming Pool / Game Room	Commons
12:15 p.m. – 1:15 p.m.	Lunch	Cafeteria
1:30 p.m. – 2:15 p.m.	Down Time	Dorm Rooms
2:15 p.m.	Meet outside of dorm for field session	
2:30 p.m. – 4 p.m.	Field Session	Fields
4:00 p.m. – 5:15 p.m.	Free Time: Swimming Pool / Game Room	Commons
5:15 p.m. – 6:15 p.m.	Dinner	Cafeteria
6:30 p.m. – 8:15 p.m.	Field Session	Fields
8:30 p.m. – 9:00 p.m.	Snacks	Cafeteria
8:30 p.m. – 11:00 p.m.	<b>Talent Show (Girls week)</b>	Lamb Auditorium
8:30 p.m. – 11:00 p.m.	Indoor Soccer Tournament	Gym
9:00 p.m.	Cell Phones Off	
9:00 p.m. – 10:00 p.m.	Lecture	Auditorium
10:30 p.m.	Curfew	In Room – Lights Out

\*\*\*TALENT SHOW will take place at 8:30 p.m. in the Auditorium on the last night of camp\*\*\*

### **LAST DAY OF CAMP**

7:30 a.m. – 8:15 a.m.	Breakfast	Cafeteria
8:15 a.m. – 9:00 a.m.	Pack Bags and place outside of dorms	
9:00 a.m.	Meet outside of dorm for Evaluations	
9:05 a.m. – 10:30 a.m.	Oral Evaluations and Camp Clean Up	
10:45 a.m. – 12:00 p.m.	Final Games	Fields
12:00 p.m. – 1:00 p.m.	Closing Ceremony	Lamb Auditorium

Cell phones usage is limited to free time.  
Cell phones should be turned off after the last free time at 9:00 p.m.



## **Driving Directions to Thacher School**

**5025 Thacher Road, Ojai, CA 93023**

### From the East:

Take Hwy 150 (Ojai Ave.) to Reeves Road (at Boccali's Pizza turn right).

On Reeves, take the second Left on McAndrew Road.

McAndrew will take you to the Thacher gates straight ahead.

### From the North, South, and West:

Take Hwy 101 to Hwy 33.

Take Hwy 33 into town.

Hwy 33 runs into Hwy 150 (Ojai Ave. in town)

Follow Hwy 150 until Reeves Road

Take the left part of the Y at Reeves (Boccali's Pizza is in the middle of the Y).

On Reeves, take the second left on McAndrew Road.

McAndrew will take you to the Thacher gates straight ahead.

## **Age Groupings for Team Formation and Housing**

As an FYI, we use the ODP Youth Academy Camp for state team identification purposes. To that end, age groups will be sorted by year of birth in an effort to optimize player evaluation.