

ATHLETE HANDBOOK

PLAY. BOND. EXCEL.

THIS CAMP IS HELD AT THE BERKSHIRE SOCCER ACADEMY FOR GIRLS, IN COMPLIANCE WITH THE REGULATIONS OF THE MDPH AND IS LICENSED BY THE LOCAL BOARD OF HEALTH

HOSTED BY:



BERKSHIRE
SOCCER ACADEMY FOR GIRLS

INTRODUCTION

Welcome!

We are so excited that your team has chosen CAB Sports Team Camp for your preseason. 2023 will be our second summer working alongside the Berkshire Soccer Academy to offer a truly unique experience that will be invaluable to your team’s preparation for the season.

We create an environment that allows your athletes and team to feel safe and connected to each other to give your team a boost to the start of the season and excel your players into a cohesive team.

We ask that you look through this handbook to help prepare you and your athlete for their stay. In addition to answering your questions, this handbook includes our rules and policies, which are vital to sustaining our special community. We ask you, as parents and coaches, to help promote our culture by adhering to these rules and policies and ensuring that your athlete understands them as well.

If you have any questions prior to your stay, please do not hesitate to contact us.

We look forward to seeing you soon!

Warmly,



Charlie Bour
Owner/Founder of CAB Sports
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585-355-7334



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FACILITIES

Camp is hosted at the Berkshire Soccer Academy in East Otis, MA. The Berkshire Soccer Academy is a premier sleep away summer camp program, and the property is a soccer specific facility, intentionally developed to support the growth and training needs of youth athletes. During their stay your athlete(s) will enjoy:

- Scenic 120-acre Berkshire property
- 20-acre lake with swim section
- Fitness room
- Air-Conditioned Cabins
- 4 Soccer Fields
- Including a Covered Turf Facility – NEW to 2023
- Shooting Wall
- Athletic Trainer and Nurse on Campus



LEADERSHIP AT CAMP



Charlie Bour - *Owner/Founder of CABS Sports*

With 12 years experience as a Prep school coach, Charlie’s vision is to help create a space and program for high school teams to not only succeed on the field, but also off the field as a team. Charlie works closely with all attending schools and coaches to plan sessions and to ensure that all schools have their individual goals and expectations met.

Paul Titley - *Director of the Berkshire Soccer Academy for Girls*

We work incredibly close with Paul and the Berkshire Staff. Their team are very hands on while hosting the CAB Preseason camp. The Berkshire staff ensure that every attendee is comfortable, well fed, and most importantly help facilitate the off the field activities and camp magic.



LIFE AT THE ACADEMY

SAMPLE OF DAILY SCHEDULE

- 8:00am Breakfast
- 9:00am Training Session
- 11:15pm Specialty Training
- 12:30pm Lunch
- 1:00pm Rest Hour
- 2:00pm Training Session
Transition to the
- 4:15pm Lake
- 4:30pm Lake Time
- 6:00 PM Dinner
- 7:00pm Evening Activity
- 8:00pm Snack
- 9:00pm Cabin Time
- 10:00pm Lights Out

**Daily Schedule subject to change to balance the needs of all schools in attendance*

TRAINING SESSIONS – All schools will have access to their own training spaces, and train by themselves under the supervision of their own coaches. CAB will provide support and guidance throughout the week to ensure training goals are met

SPECIALTY TRAINING – Each school will receive one Team building session and a Strength and Conditioning session during their stay. Both sessions will be designed around the individual team’s needs.

LAKE TIME – Each school will have access to the lake for 1 hour a day to cool off and enjoy the swim area, supervised by Berkshire Soccer Academy lifeguards

EVENING ACTIVITY – Each day will end with a fun all camp event. From Campfires to tournaments under the lights, all evening event have a focus on relationship building and team building.



FOOD AT THE ACADEMY



All athletes will receive 3 meals daily, plus at least one snack. Healthy nutritional food is served with a variety of options available at the salad and fruit bar every meal.



We can support most dietary restrictions (vegetarian, dairy, gluten, nut free). Any athlete that has dietary restrictions should share needs with Charlie prior to enrollment to ensure their success, and to make sure that a plan is put in place

We also ask student to not pack their own snacks. Food and sugar-based drinks are not permitted in cabins so that we can both control allergens but also ensure wildlife are not attracted to the cabins.

Packing List

This is a suggested list of items to bring for the 3 night stay. While summer days in the Berkshires can reach 80-90of, nights can cool down as low as 50of. Each athlete and coach will be living in cabins with an air conditioning unit. Please do not bring fans.

For Athlete

- | | |
|--|--|
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Sneakers |
| <input type="checkbox"/> Casual Socks | <input type="checkbox"/> Soccer Cleats |
| <input type="checkbox"/> Tshirts | <input type="checkbox"/> Slides/Crocs |
| <input type="checkbox"/> Sweatshirt | <input type="checkbox"/> Standard Pillow |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Twin Sheets and |
| <input type="checkbox"/> Sweatpants | Comforter/Sleeping |
| <input type="checkbox"/> Sleepwear | bag |
| <input type="checkbox"/> Waterproof Jacket | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Swimsuit | <input type="checkbox"/> Toothbrush and |
| <input type="checkbox"/> Shin Guards | toothpaste |
| <input type="checkbox"/> Soccer Socks | <input type="checkbox"/> Shampoo body wash |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Deodorant |
| <input type="checkbox"/> Soccer Bag | <input type="checkbox"/> \$10-\$20 for snack bar |

For School/Coach

Each school should ensure that they bring the training equipment they need to be successful.

The Berkshire Soccer Academy will provide all attendees the use of the following:

- Full Size Goals
- 9 a side goals
- Pug Goals (Limited number)
- Cones
- Poles

Schools will be responsible to bring:

- Soccer Balls
- Bibs/Pinnies

TECHNOLOGY AND CELL PHONES POLICY

We strive to provide a positive, team focused experience for all our athletes. One of the ways we accomplish this is by making camp a technology free zone, thereby encouraging athletes to socialize and be present with each other throughout the stay. We strongly believe this to be a key ingredient to excelled team unity.

Any technology brought to camp will be collected, labelled, and given back to athletes on departure.

CABINS AND CHAPERONES

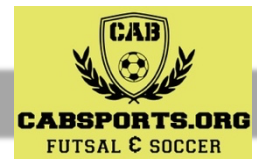
All athletes will live in cabins with members of their team/school. Cabin assignments will be completed by school's coaching team with the assistance of Charlie. Each cabin is airconditioned, has a bathroom and mattresses with memory foam toppers for comfort.

Each cabin will have a coach or chaperone from said school living with the athletes for support. If chaperones are not one of the teams coaches, the school will supply a chaperone that is at least 18years of age, of the same gender, and is not a member of the team.

TRAVEL TO AND FROM CAMP

Teams are encouraged to travel to and from camp as a team in buses. This makes the arrival and departure process smoother. Coaches should connect with Charlie if this is not possible.

Rules and Policies



Please review the following rules with your athlete/team before arriving at the Academy:

- **FOOD:** Food is not allowed outside the Dining Hall, especially in the cabins. Please do not bring food to the Academy.
- **CANDY, GUM & SEEDS:** Candy, gum and sunflower seeds are not permitted. They are messy and attracts pests.
- **SUBSTANCES:** The use of cigarettes, drugs (including marijuana) and alcohol is strictly prohibited. Any athlete violating this rule will be asked to leave.
- **BULLYING:** We do not tolerate disrespectful and/or inappropriate language or behavior toward peers or staff. Athletes engaging in such behavior may be sent home at the discretion of the Leadership.
- **PRANKS & PRACTICAL JOKES:** Behavior involving any kind of prank or practical joke is not tolerated at camp. This is a form of bullying, and campers or staff participating in such antics will be sent home.
- **VANDALISM & GRAFFITI:** Any athlete damaging, or defacing Academy property will be billed for damages and may be sent home at the discretion of the Leadership. This includes the writing of names or initials on furniture, walls or other property.
- **HAZARDOUS ITEMS:** Knives, blades and weapons of any type are prohibited. Matches, lighters, and fireworks are also prohibited. These items will be immediately confiscated, and athletes possessing them will be sent home.
- **WIPES:** No wipes of any kind are permitted at the Academy. They damage camps infrastructure and are harmful to the environment.

Required Forms & Documents Check List:

All Athletes will need to submit the following forms before arrival. These are not only required to ensure each athletes success, but also a MA state requirement.

PHYSICIAN'S EXAMINATION AND IMMUNIZATION HISTORY

This form should be completed by a licensed medical provider. It requires parent and physician signatures and must have been conducted within 12 months of athlete's arrival. **We are happy to accept similar forms completed for school admissions.** However, our form must still be submitted alongside with the Permission to treat, and Sunscreen section signed and completed by a parent, granting the academy and its designated medical providers permission to treat your child in the event of a medical emergency

MEDICATION COLLECTION FORM

This form is **ONLY** for athletes bringing prescription or over-the-counter medication to the academy. One form per medication must be completed. No medication may be kept in the cabin by any athlete (OTC or Prescription). All medication will be handed medical staff on site to help store and administer.

SIGNING UP AND SUBMITTING FORMS

To sign up for the team camp and to submit these forms please visit:

<https://cabfutsal.com/general-information-2>

Athletes Name

Birth Date

Male Female



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PHYSICIAN'S EXAMINATION AND IMMUNIZATION HISTORY

(PAGE 1 of 2)

This examination should be performed **within 12 Months** of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please rate the following:

V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the applicant is currently taking.

Allergies

Please list any allergies the applicant may have – INCLUDING any Dietary needs

Immunizations

Are immunizations up to date? Yes No

Current Medical Problems and Treatments

Use a second sheet if needed.

Recommendations

List restrictions on the applicant at camp.

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today Yes No

****IMMUNIZATION HISTORY ON THE NEXT PAGE****

Name of Doctor	Signature	Date
Contact Information		

Athletes Name

Birth Date

 Male Female**CABSPORTS.ORG**
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PHYSICIAN'S EXAMINATION AND IMMUNIZATION HISTORY

 (PAGE 2 of 2)

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or Tdap (REQUIRED) Diphtheria, tetanus, pertussis	<input type="text"/> mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tetanus, Pertussis booster						<input type="text"/>
MMR (REQUIRED) Mumps, Measles, Rubella	<input type="text"/>	<input type="text"/>				<input type="text"/>
IPV (REQUIRED) Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
HIB Haemophilus influenzae type B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PCV Pneumococcal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Hepatitis A	<input type="text"/>	<input type="text"/>				
Chicken Pox Varicella	<input type="text"/>	<input type="text"/>				
MCV4 Meningococcal meningitis	<input type="text"/>					
H1N1 Swine flu	<input type="text"/>	<input type="text"/>				
Flu shot						<input type="text"/>

PARENT AUTHORIZATION AND PERMISSION TO TREAT

I understand that the information on all medical related forms provided will be shared on a "need to know" basis with camp staff. CAB Sports, LLC and the Berkshire Soccer Academy has consent to seek, treat and transport my child in the event of a medical emergency. This includes Macony Pediatrics (at 100 Maple Avenue in Great Barrington) or any other health care facility of our choosing. In the event your camper requires off-site medical treatment we will respond in accordance to our Standing Orders from Macony Pediatrics. CAB Sports, LLC and the Academy makes every effort to contact parents/guardians prior to scheduling an appointment with Macony Pediatrics or seeking off-site treatment. In addition to times of emergency or when I cannot be reached, I give The Berkshire Soccer Academy and Macony Pediatrics permission to treat:

Child's Name _____

Parent/Guardian Signature _____ Date _____

SUNSCREEN AND INSECT REPELLENT PERMISSION SLIP

I give CAB Sports, LLC my permission to apply sunscreen and/or Insect Repellent as needed to my child. I understand that if I do not send my own sunblock/repellent labeled with my child's name or if I send sunblock/repellent that has expired the camp will use their own.

Child's Name _____

Parent/Guardian Signature _____ Date _____



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MEDICATION COLLECTION FORM

DIRECTIONS:

1. Complete one Medication Collection Form for each medication.
2. Include this form in a plastic zip-lock bag, along with the corresponding medication (Stored in the original container)
3. CAB Sports, LLC staff will collect it upon arrival.

FIRST Name: _____ **LAST Name:** _____

Medication: _____

Dose: _____

Frequency: _____

Special Instructions: _____

I hereby authorize CAB Sports LLC, and Academy Health staff to administer the medications above as directed.

If under 18, Parent/Guardian PRINT Name: _____

Parent/Guardian Signature: _____ **Date:** _____

★★★ For CAB Sports LLC, and Academy Health Center Staff Use Only ★★★

Health Center Notes: _____

Staff Signature: _____ **Date:** _____