

Ripken Baseball, Inc. Camp Forms

Please return the following forms to Ripken Baseball, 45 days prior to camp, (must be received at the latest two weeks prior to the camp start date). If you are unable to complete the forms by this date, please call us at 888-Ripken1.

Forms may be mailed, faxed or emailed to:

Ripken Baseball Inc.

Attn: Camp Paperwork

873 Long Drive

Aberdeen, MD 21001

Fax: 410-558-6719

Email: Camps@RipkenBaseball.com

PLEASE USE THIS SHEET AS THE COVER SHEET WHEN MAILING OR FAXING

CAMPER NAME: _____

PARENT NAME: _____

Daytime phone # _____ Email: _____

CAMP WEEK(S) ATTENDING:

SPRING BREAK CAMP - April 19 – 21 (check one of the below age groups)

Rookie (Ages 7-8) Ages 9-10 Ages 11-12 Ages 13-15

ROOKIE CAMP – Ages 7-8 (check one of the below camp weeks)

WK 1 (July 4 – July 7)
 WK 2 (July 18 – July 21)
 WK 3 (July 25 – July 28)
 WK 4 (August 1 – August 4)
 WK 5 (August 8 – August 11)

BIG LEAGUE EXPERIENCE CAMP -Check one: OVERNIGHT DAY

<input type="checkbox"/> WK 1 July 3 – July 8	<input type="checkbox"/> Ages 9-10	<input type="checkbox"/> Ages 11-12	<input type="checkbox"/> Ages 13-18
<input type="checkbox"/> WK 2 July 17 – July 22	<input type="checkbox"/> Ages 9-10	<input type="checkbox"/> Ages 11-12	<input type="checkbox"/> Ages 13-18
<input type="checkbox"/> WK 3 July 24 – July 29	<input type="checkbox"/> Ages 9-10	<input type="checkbox"/> Ages 11-12	<input type="checkbox"/> Ages 13-18
<input type="checkbox"/> WK 4 July 31 – August 5	<input type="checkbox"/> Ages 9-10	<input type="checkbox"/> Ages 11-12	<input type="checkbox"/> Ages 13-18

SPECIALTY TRAINING CAMP – DAY Camp Only

WK 5 August 8 – August 12 Ages 9-10 Ages 11-12 Ages 13-15

CAMP FORMS ENCLOSED: Please return the following forms to Ripken Baseball, 45 days prior to camp.

- Camp Release Form
- Parent Info / Release Form
- Camper Code of Conduct
- Copy (front and back) of Insurance Card
- Health / Medical Review Forms

Notes:

Ripken Baseball, Inc. Camp Forms

CAMPER CODE OF CONDUCT

Our main goal for every child that attends camp is to go home with great memories of their camp experience. In order for this to occur, we must make sure that there is a standard set for acceptable behavior. We expect each camper to act in a manner that is respectful and considerate to all other campers and staff.

Offenses that will not be tolerated include:

- 1) Physical violence or threat of physical violence toward another camper/staff member
- 2) Verbal abuse of another camper and/or staff member
- 3) Use or possession of alcohol, drugs, tobacco, or any other illegal product
- 4) Failure to remain in assigned room in quiet after lights out
- 5) Bullying of other campers and staff
- 6) Damage to any Ripken Baseball/West Nottingham Academy/or auxiliary facility property or equipment
- 7) Theft of any kind
- 8) Leaving campus without unauthorized parent or staff consent (must be in writing before hand)
- 9) Disruption of instructional drills, games, or evening activities
- 10) Disrespectful behavior of any kind

These are merely examples of offenses for which there are consequences (up to and including dismissal from camp). Staff members reserve the right to remove any camper for insubordinate behavior of any kind. Decisions of the Ripken Baseball staff are final and not subject to appeal or refund.

CONSEQUENCES:

Strike 1 – Exclusion from activity during which the behavior occurred

Strike 2 – Exclusion from an entire day's activities (phone call to parent)

Strike 3 – Immediate expulsion from camp

By reading and signing this agreement, I acknowledge that my son/daughter/ward may be removed from the Ripken Baseball Camp for behavior deemed to be inappropriate by any camp staff member, including administrators, instructors, coaches and/or counselors. Such behavior and subsequent expulsion from camp does NOT entitle the camper or family to a refund of any kind.

Parent/Guardian Signature

Camper signature

Date

Ripken Baseball, Inc. Camp Forms
PARENT/ GUARDIAN INFORMATION

Camper Name: _____

Parent(s)/Guardian Name: _____

Home # _____ Work # _____ Cell # _____

Work Address: _____

EMERGENCY CONTACT #1: _____

(If parent not available) (Name) (Phone number) (Relationship)

EMERGENCY CONTACT #2: _____

(If parent not available) (Name) (Phone number) (Relationship)

If you will be traveling during the camp and not accompanying your child, please list your contact info:

Staying at: _____ Phone # _____

PARENT / GUARDIAN RELEASE

TERMS:

- Ripken Baseball Staff reserves the right, at their sole discretion, to withdraw any camper whose influence or actions are deemed unsatisfactory to the camp or who will not live within the rules and policies of the camp. If this occurs, no reduction or return fee, or any part thereof, will be made.
- Due to fixed costs and expenditures based on definite enrollment and dates, no refunds or reduction can be made for entering late or withdrawing early.
- In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child.
- My child has permission to participate in all camp programs.
- I give Ripken Baseball permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any marketing related purpose.

I have read and agree to the terms outlined above.

Parent Signature _____ Date: _____

Camper Signature _____ Date: _____

Ripken Baseball, Inc. Camp Forms
CAMP RELEASE FORM

_____ On behalf of my child/ward (*If child is 17 or younger*)
Name of parent/guardian

Name of child/ward

Address

In consideration of the permission granted to me/my child/ward to participate in the activities of the Ripken Baseball Camp, I individually or as a parent/guardian hereby release, covenant not to sue and forever discharge, *Harford County Parks and Recreation, Harford County School System, Harford Community College, The John Carroll School, JDT Bus Service, Stancil Park, West Nottingham Academy, Aberdeen High School, The City of Aberdeen, MD, The Baltimore Ravens L.P., The Baltimore Orioles and its partners, affiliated entities, officers, employees and agents and the Maryland Stadium Authority and its officers, employees and agents, The Washington Nationals, The Philadelphia Phillies, The Aberdeen IronBirds, Ripken Baseball Camps and Clinics, LLC, and Ripken Baseball, Inc., its officers, employees, agents, William O. Ripken, Violet Ripken, and Calvin E. Ripken, Jr.* from any and all claims and liabilities with regard to my participation in the 2009 Ripken Baseball Camps.

I (individually or as a parent/guardian) further state and certify that I am able to participate in the *described activities of the camp*. *I/my child/ward further agree that should I/my child/ward become injured as a result of participation that I/my child/ward do release and hold harmless, Harford County Parks and Recreation, Harford County School System, Harford Community College, The John Carroll School, JDT Bus Service, Stancil Park, West Nottingham Academy, Towson University, Aberdeen High School, The City of Aberdeen, MD, Baltimore Ravens L.P. The Baltimore Orioles and its partners, affiliated entities, officers, employees and agents and the Maryland Stadium Authority and its officers, employees and agents, The Washington Nationals, The Philadelphia Phillies, the Aberdeen IronBirds, Ripken Baseball Camps and Clinics, LLC, and Ripken Baseball, Inc., its officers, employees, agents, William O. Ripken, Violet Ripken, and Calvin E. Ripken, Jr. from any and all liability for illness or injury and any consequences thereto and therefrom. This release shall insure to the benefit of Harford County Parks and Recreation, Harford County School System, Harford Community College, The John Carroll School, JDT Bus Service, Stancil Park, West Nottingham Academy, Aberdeen High School, The City of Aberdeen, MD, the Aberdeen IronBirds, Ripken Baseball Camps and Clinics, LLC, and Ripken Baseball, Inc., its officers, employees, agents, William O. Ripken, Violet Ripken, and Calvin E. Ripken, Jr. and shall be binding on my heirs, successors and executors. I/my child/ward further state that the Ripken Baseball Camps and Ripken Baseball LLC are authorized to use my/my child/ward's name and any photographs or videotape of me/my child/ward at the camp for its promotional purposes without the need to compensate me for such use.*

I have read this liability form and have been given sufficient time to review it and ask whatever questions I have relating to it. I fully understand the risks involved and that it is possible to sustain serious injury or death during the course of participating in the above described activities. I acknowledge that my execution hereof is material to acceptance of my campership.

Parent/guardian (if child/ward is 17 years or younger) or camper

Date

Ripken Baseball, Inc. Camp Forms
HEALTH / MEDICAL REVIEW

This Health / Medical Review contains four (4) parts:

PART ONE: GENERAL INFORMATION AND AUTHORIZATIONS

This form is to be completed and signed by the parent or legal guardian. It is important that all insurance information is entered correctly. Please provide a copy of insurance cards, front and back.

PART TWO: PERSONAL MEDICAL HISTORY

This 2-page form must be completed by the parent/legal guardian. All questions must be answered. If not applicable to the student, please write "N/A". This form should also be reviewed by the physician prior to his/her examination of the student.

PART THREE: PHYSICAL EXAMINATION

Physical exams must be performed on a YEARLY basis (every 12 months). Campers will not be permitted to participate in any aspect of the camp if they do not have a yearly physical on file with Ripken Baseball. This form is to be completed and signed by the camper's physician.

If your child has had a physical within 1 year from the last day of the camp he/she will be attending, you may provide a copy of that completed document instead of our form.

PART FOUR: MEDICATIONS FORM

All medications (**both prescription and over-the-counter**) that your child will need during the camp must be disclosed on this form. Medications need to be in the original container and you must provide a signed note from his or her physician. You will need to give all medications to the Camp Nurse (or authorized designee) as you check-in for camp.

**Ripken Baseball, Inc. Camp Forms
INSURANCE CARD**

Please copy front and back of Insurance Card onto this sheet (or provide your own)

FRONT OF CARD

BACK OF CARD

HEALTH / MEDICAL REVIEW PART I – GENERAL INFORMATION AND AUTHORIZATIONS

CAMPER'S NAME: _____ DOB: ____/____/____
Last First MI

To be completed by parent(s) or legal guardian prior to completion of the Physician's Physical Examination.

BASIC PERSONAL INFORMATION

Parent/Legal Guardian: _____

Address: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

EMERGENCY CONTACT: _____ Relationship: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

INSURANCE INFORMATION

INCLUDE A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)

Policy Holder: _____ Phone (____) _____

Address: _____

Insurance Co: _____ Phone (____) _____

Address: _____

ID#: _____ Group#: _____

Policy Holder's Employer: _____ Phone (____) _____

AUTHORIZATIONS

1. DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE MEDICAL, DENTAL, OR PSYCHOLOGICAL SERVICES (INCLUDING OVER-THE-COUNTER MEDICATION AS NEEDED) UNDER THE SUPERVISION OF MEDICAL STAFF AND FOR ILLNESS AND ACCIDENTS THAT MAY ARISE WHILE AT CAMP?
YES _____ NO _____
2. DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE THE MEDICAL SERVICES OF A SPECIALIST?
YES _____ NO _____
3. IN THE EVENT OF AN EMERGENCY AND YOU CANNOT BE CONTACTED, DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT AND/OR SURGICAL PROCEDURES THAT MAY OR MAY NOT REQUIRE THE USE OF AN ANESTHETIC?
YES _____ NO _____

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____ DATE: _____

HEALTH / MEDICAL REVIEW PART II – PERSONAL MEDICAL HISTORY

CAMPER NAME _____
Last
First
Middle

Information is to be provided to the physician by the student/parents/legal guardian. This form is to be reviewed by the examining physician.

PERSONAL HISTORY

Please check and include date if camper has had any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chronic Rash | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Anemia | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Bleeding/clotting problems | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Rubella (German Measles) | <input type="checkbox"/> Cancer/leukemia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Immune system problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Chest pain/pressure | _____ |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chronic cough | _____ |
| <input type="checkbox"/> Unexplained fever | <input type="checkbox"/> Shortness of breath | |
| <input type="checkbox"/> Recent weight gain/loss | <input type="checkbox"/> Abdominal Pain | Females Only: |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> "Trick Knee" or other joint | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Back problems | <input type="checkbox"/> Irregular period |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Any orthopedic problems | <input type="checkbox"/> Heavy flow |
| <input type="checkbox"/> Head trauma, concussion | (sprains, strains, fractures) | |
| <input type="checkbox"/> Learning disability, ADD or ADHD | | |

COMMENT BELOW ON ANY CONDITION(S) WHICH YOU HAVE CHECKED:

SURGERY: (include dates)

- | | | |
|----------------------------|--|-------------|
| _____ None | _____ No known drug allergies | _____ Nut |
| _____ Appendectomy | _____ Hay fever | _____ Dairy |
| _____ Tonsillectomy | _____ Bee stings - If yes, does student have an allergy injection kit? | |
| | _____ Yes _____ No | |
| _____ Hernia Repair | _____ Foods _____ | |
| _____ Arthroscopic surgery | _____ | |
| _____ Other _____ | | |

ALLERGIES:

Accidents, Injuries or Illnesses lasting more than 5 days (include dates):

How will refills for prescriptions be obtained during the camp program?

HEALTH / MEDICAL REVIEW PART III – PHYSICAL EXAMINATION

CAMPER NAME _____
Last
First
Middle

TO BE COMPLETED AND SIGNED BY THE EXAMINING PHYSICIAN

Date of examination: ____/____/____ Student's age: _____

BP: _____ Height: _____ Weight: _____

Allergies: _____

SYSTEMS EXAMINATION	WNL	ABNORMAL FINDINGS/COMMENTS
General appearance/Nutrition	/	/
Posture, Gait	/	/
Skin	/	/
Eyes: External	/	/
Fundi	/	/
Nose	/	/
Teeth	/	/
Throat	/	/
Ears: External & canal	/	/
Tympanic membrane	/	/
Neck	/	/
Heart	/	/
Lungs	/	/
Abdomen	/	/
Genitalia	/	/
Bones, joints, muscles	/	/
Neuro	/	/
Other	/	/
	/	/
	/	/

PHYSICIAN'S CERTIFICATION

I HAVE EXAMINED THE ABOVE – NAMED CAMPER AND BELIEVE THAT HE/SHE IS PHYSICALLY ABLE TO PARTICIPATE IN ALL NORMAL ACTIVITIES ASSOCIATED WITH THE RIPKEN BASEBALL CAMP.

Exceptions / Restrictions: _____

Signature of Physician _____ Date _____

Print Name: _____ Phone: (____) _____

Address: _____

HEALTH / MEDICAL REVIEW PART III – PHYSICAL EXAMINATION (cont.)

CAMPER NAME _____
Last
First
Middle

TO BE COMPLETED AND SIGNED BY THE EXAMINING PHYSICIAN

Date of examination: _____/_____/_____ Camper's age: _____

BP: _____ Height: _____ Weight: _____

Allergies: _____

RECORD OF IMMUNIZATION - THOSE DOSES MARKED BY AN * ARE REQUIRED BY THE STATE OF MARYLAND AND MUST BE COMPLETED PRIOR TO ENTRY INTO CAMP

This record can be filled out by a parent/guardian.

DOSE	DTP/DTaP/ Tdap/DT/Td	VARICELLA (chicken pox)	POLIO	MEASLES (in some states measles, mumps and rubella are one shot)	MUMPS	RUBELLA	HEPATITIS B
NUMBER	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr
1 st dose	_____*	_____*	_____*	_____*	_____*	_____*	_____*
2 nd dose	_____*	_____*	_____*	_____*	_____*	_____*	_____*
3 rd dose	_____*	_____*	_____*	_____*	_____*	_____*	_____*
4 th dose	_____	_____	_____	_____	_____	_____	_____
5 th dose	_____	_____	_____	_____	_____	_____	_____

THE FOLLOWING VACCINATIONS ARE RECOMMENDED BY THE MEDICAL STAFF:

MENINGOCOCCAL: _____ FLU VACCINE: _____

PHYSICIAN'S CERTIFICATION

I HAVE EXAMINED THE ABOVE – NAMED STUDENT AND BELIEVE THAT HE/SHE IS PHYSICALLY ABLE TO PARTICIPATE IN ALL NORMAL ACTIVITIES ASSOCIATED WITH THE RIPKEN BASEBALL CAMP.

Exceptions / Restrictions: _____

Signature of Physician _____ Date _____

Print Name: _____ Phone: (_____) _____

Address: _____

HEALTH / MEDICAL REVIEW PART IV – MEDICATIONS FORM

CAMPER NAME _____
Last First Middle

Medications Form
Prescription and Over-the-Counter

Please read the following guidelines carefully:

1. All medications (**both prescription and over-the-counter**) must be in the original container and properly labeled with student's name, drug, dosage, and instructions.
2. **All medications (both prescription and over-the-counter) must be listed on this form and be signed by your physician. Please note: this includes aspirin and similar over-the-counter medication.**
3. All medications (**both prescription and over-the-counter**) must be brought to the Camp Nurse (or authorized designee) during check-in. Students are not permitted to possess over-the-counter medications.
4. The nurse or an authorized designee must dispense ALL medications. Self-medication is not permitted.
5. No student will be permitted to keep controlled substances in their dorm room under any circumstances.

<u>Name of Drug</u>	<u>Strength</u>	<u>Dose</u>	<u>Frequency</u>	<u>Route</u>	<u>DX</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Physician Name: _____ Phone _____
Address _____
PHYSICIAN signature: _____ Date: _____
PARENT / LEGAL GUARDIAN signature: _____ Date: _____

TRAVEL OPTIONS

Hotels:

Ripken Baseball has partnered with several of the area hotels to assure that your stay with us is a quality stay both on and off the field. Hotel Partners include:

- Courtyard by Marriott (410) 272-0440 www.marriott.com
- Holiday Inn (410) 272-8100 www.holiday-inn.com/aberdeenmd
- Wingate by Wyndham (410) 272-2929 www.aberdeenwingateinn.com
- Clarion Aberdeen (410) 273-6300 www.clarionaberdeen.com
- Candlewood Suites (410) 914-3060 www.cwsbelairmd.com

Airports:

Baltimore/Washington International Airport (BWI) – www.bwiairport.com

BWI Terminal Building

PO Box 8766

Maryland 21240-0766

Main Telephone: 1-800-435-9294

Approximate distance from Ripken Stadium: 45 minutes

Philadelphia International Airport – www.phl.org

8000 Essington Avenue

Philadelphia, PA 19153

Main Telephone: 215-492-2970

Approximate distance from Ripken Stadium: 1 hour, 5 minutes

Bus Services:

Greyhound

18 East Bel Air Ave, Aberdeen, MD 21001

Main Telephone: 1-800-231-2222 / 410-273-6832

Approximate distance from Ripken Stadium: 10 minutes

Train:

Amtrak (Aberdeen)

www.amtrak.com

Main Telephone: 1-800-872-7245

Approximate distance from Ripken Stadium: 10 minutes

Taxi Cab:

Aberdeen Cab Inc. (Aberdeen)

1318 S Philadelphia Blvd, Aberdeen, MD 21001

Main Telephone: (410) 272-3000

Approximate distance from Ripken Stadium: 10 minutes

Dollar Cab Co. (Aberdeen)

116 Kretlow Dr., Aberdeen, MD 21001

Main Telephone: (410) 273-6099

Approximate distance from Ripken Stadium: 10 minutes

DRIVING DIRECTIONS

Maps and Directions also available at www.RipkenCamps.com

Fields at Ripken Academy include: Yankee, Cal Sr.'s Yard, Fenway, Memorial, Wrigley, Nationals Park, Citizens Bank Park

Ripken Stadium and Academy

873 Long Drive / Aberdeen, MD 21001

From North or South: Take I-95 to the MD-22 exit, Exit 85, towards Churchville/Aberdeen. Turn onto MD-22 WEST/Churchville Rd. Turn RIGHT onto Long Dr. Ripken Stadium will be straight ahead.

From West: Take I-68 EAST. Take the I-70 EAST exit, Exit 82B. Take the I-695 SOUTH exit, exit number 91A. Take the I-95 NORTH exit, exit number 11A. Continue on I-95 to exit number 85, MD-22 WEST. Turn LEFT onto MD-22 WEST/Churchville Rd. Turn RIGHT onto Long Dr. Ripken Stadium will be straight ahead.

From East: Take I-295 SOUTH. Take the I-95 SOUTH exit, Exit 5. Continue on I-95 to Exit 85, MD-22 WEST. Turn RIGHT onto MD-22 WEST/Churchville Rd. Turn RIGHT onto Long Dr. Ripken Stadium will be straight ahead.

West Nottingham Academy

1079 Firetower Road / Colora, MD 21917

From North: Interstate 95 South to Exit 100 (North East/Rising Sun). Exit toward Rising Sun and turn left on Rte. 274. Go exactly 5 miles to Barnes Corner Road on your left. Follow Barnes Corner Road 1.9 miles to second stop sign (Rte. 276). Turn left on Rte. 276 and take first right on to Firetower Road. At the stop sign bear to your left onto campus.

From South: Interstate 95 North to Exit 93 (Port Deposit/Perryville) At top of exit ramp turn right and follow Rte. 222 to Rte. 275 (continue straight through blinker light) to Rte. 276. Turn right on Rte. 276 and follow exactly 3.3 miles to Firetower Rd on left. Enter Firetower Rd, go to stop sign and bear left onto campus.

Harford Community College *(Game Location)*

401 Thomas Run Rd/ Bel Air, MD 21015

Harford Community College (HCC) is located about 6 miles from the Ripken Complex. The directions are the same as Ripken Stadium except that you stay straight on Rt. 22 West for about 6 miles after exiting Interstate 95. Turn right onto Thomas Run Road and make the next immediate right into the complex.

Aberdeen High School *(Game location)*

251 Paradise Rd./ Aberdeen, MD 21001

Aberdeen High School *(Cal Ripken Sr. Field)*: Take exit 85 off of Interstate 95. Follow the exit to Rt. 22 East. Turn right onto Paradise Road. Travel less than a mile on Paradise and you will see the school on your left. The field is located behind the school and to the left of the football field.

Stancill Field *(Game location)*

301 Old Bay Lane/ Havre de Grace, MD 21078

Interstate 95 to Havre de Grace Exit 89, stay right off exit to Route 155. Go down steep hill and stay in right lane. Follow signs to Route 40. Go to light and turn right into Route 40. Go to second light on Route 40 and turn left onto Old Post Road. Go over bridge to first light and turn right onto Old Bay Lane - Stancill Field will be on your right.

From Rt. 22 - go east on Rt.22 across I-95 and look for signs for Rt. 40. Turn onto Rt. 40 East toward Havre de Grace. Turn slight right onto Rt.7 (Old Post Road). Turn right onto Old Bay Lane.

John Carroll School *(Game location)*

703 E Churchville Rd., Bel Air, MD 21014

Take I-95 to exit number 85 towards Churchville/Aberdeen. Turn onto MD-22 WEST. Stay on Rt. 22 West for approximately 10 miles, school will be on your left.