



Hamilton 198 College Hill Road
Clinton, New York 13323-9989

All Sports Day Camp



HAMILTON

All Sports Day Camp

A Variety of Sports in a Fun, Non-competitive Setting!

Session Dates:

First Session: July 19-23, 2010

Second Session: July 26-30, 2010

For Boys and Girls Ages 6-12 Years Old

Daily 8:30 a.m.-4:00 p.m.

For further information, please contact:

Steve Stetson, Program Director
Hamilton College Athletics

198 College Hill Road, Clinton, New York 13323

Telephone: (315) 859-4757

Email: ssetson@hamilton.edu

www.hamilton.edu/athletics/summercamps.html



THE PROGRAM COST and PARTICIPATION

\$200 per week

A deposit of \$50 must accompany all applications. It is advised that you register as early as possible. Applications will be accepted on a first come, first serve basis until the camp is filled. The balance must be paid at registration. There will be no refunds for expulsion or voluntary withdrawal.

THE PROGRAM

Campers will be introduced to and participate in a variety of sports and games in a fun, non-competitive setting. Campers are supervised at all times by at least two camp counselors. There are certified lifeguards on deck for all pool activities in addition to the camp staff. Athletic trainers certified in First Aid and CPR are on site.

Camp activities include:

- | | | | | |
|--------------|-----------------|---------------|--------------------|----------------|
| - Tennis | - Basketball | - Swimming | - Capture the Flag | |
| - Dodge Ball | - Frisbee | - Kickball | - Wiffle Ball | |
| - Soccer | - Track & Field | - Relay Races | - Scavenger Hunts | - Golf Putting |



THE TYPICAL DAILY SCHEDULE

Sample daily schedule:

8:30-8:45	Drop-off at Tennis Courts
8:45-9:00	Attendance/Warm-up Activity
9:00-10:00	Games as above
10:30-11:15	Swimming
11:30-12:15	Lunch*
12:30-1:45	Movie/Board Games in Science Center
1:45-3:45	Games as above
3:45-4:00	Pick-up at Tennis Courts

*All campers receive daily all-you-can-eat lunch.

*All campers receive a Sports Day Camp T-Shirt

THE STAFF

Stephen Stetson, *Director*

Steve Stetson will be starting his fourth season as the program director of the All Sports Camp at Hamilton.

Steve serves as the head football coach at Hamilton College and has been coaching college football for 37 years. Steve and his wife, Sue, have three children, Amy, David and Meghan.



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ABOUT HAMILTON



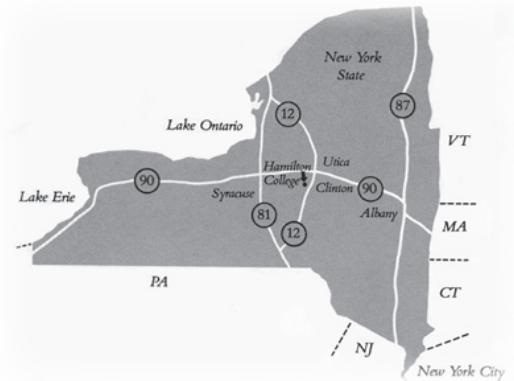
Hamilton College is a small liberal arts college that can provide student-athletes with many unique opportunities to challenge themselves in both academics and athletics. Located on 350 wooded acres in Central New York, Hamilton College is one of the finest liberal arts colleges in the country. Our academics and athletic facilities are among the best. Hamilton's student body is comprised of approximately 900 women and 900 men.

Since Kirkland College and Hamilton College joined to form one co-educational institution in 1978, women's athletics have advanced rapidly. Hamilton offers varsity programs in basketball, cross country, crew, field hockey, lacrosse, soccer, softball, squash, swimming & diving, tennis, indoor & outdoor track and field, and volleyball.

THE LOCATION

Hamilton is one of the nation's oldest colleges, chartered in 1812. Its hilltop campus is located in scenic central New York State, in the Village of Clinton, which is nine miles from the City of Utica. The College is easily accessible by air, rail, bus, and automobile.

Hamilton's athletic facilities make possible virtually any type of organized athletics. Along with Hamilton's 50,000 sq. ft. Field House, the facilities include: a hockey rink, squash courts, tennis courts, a golf course, indoor and outdoor track, fitness center, swimming pool, racquetball courts, and nautilus and Olympic weight rooms.



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Program Cost: \$200.00 per Session

Name of Applicant _____ Sex: _____ M _____ F _____
 Number and Street _____
 City _____ State _____
 Zip _____ Telephone Number (_____) _____
 Age as of 6/10 _____ Date of Birth _____
 School Attended _____
 Parents' Names _____
 Parent's Signature _____
 Parent's E-mail Address _____

I give permission for my child to be photographed or videotaped. Please initial here: _____

Shirt Size: (Circle One) S M L XL

Session Registration: _____ First Session • July 19 - 23, 2010

_____ Second Session • July 26 - 30, 2010

If I'm accepted, I promise to conform to the regulations of the Hamilton Sports Day Camp.

Camper's Signature _____

ENCLOSED IS: _____ My child's completed Health Record (inside this brochure)
 _____ \$50 deposit*

*Please make checks payable to: **Trustees of Hamilton College**

_____ Copy of Insurance Card

_____ Parental Permission/Hold Harmless Agreement

For an additional \$20 processing fee, we can charge camp fees to your credit card.

(Circle One) MC VISA Amex. Card

Account Number: _____ Expiration Date: _____

In Case of Emergency, Notify: _____ Phone: _____

Complete and return application form, along with deposit to:

Steve Stetson, Program Director, All Sports Day Camp

Hamilton College Athletics, 198 College Hill Road, Clinton, New York 13323

Hamilton College Summer Camp Health Record

Participation is prohibited without this completed form.

Health Form must be received no later than 10 days prior to camp start date.

Camp(s) Attending: _____ Session or Camp Dates: _____
(One form allows camper to participate in multiple camps, but list all camps above.)

Campers Name: _____ DOB: ____/____/____ Age: _____ Gender: Boy Girl

Primary contact: _____ Relationship: _____

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

Emergency Contact (Other): _____ Phone: (____) _____

Insurance Co.: _____ Name of Policy Holder: _____

Policy/ID No.: _____ Insurance Co. Phone: (____) _____

Insurance Co. Address: _____

Please include a photocopy of your health Insurance card.

A physician must sign below for any medications listed.

MEDICATIONS AT CAMP: Is it necessary to administer medication at camp? YES NO

Medications and dosages: Please list any Prescription or over the counter medications the child routinely takes or will require at camp:

DRUG	DOSAGE	SCHEDULE & INDICATIONS	CAMPER HEALTH CARE PROVIDER ORDER?	COMMENTS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Tums (chewable)		_____	Yes No	_____
Ibuprofen (oral)	200 mg	_____	Yes No	_____
Acetaminophen (oral)	325 mg	_____	Yes No	_____
Acetaminophen (chewable)	160 mg	_____	Yes No	_____

All medication MUST be in its original container with an accurate pharmacy label and MUST be accompanied by physicians orders.
All medications MUST be given to the Medical Director or representative at check-in. This policy applies to OVER-THE-COUNTER and PRESCRIPTION medications!

Allergies to Medications: _____

Medical conditions, even if controlled (diabetes, seizures, etc.) _____

Date of most recent immunizations: Tdap _____, MMR #1 _____, MMR #2 _____,
Polio series _____, Hemophilus Influenza Type B _____, Menactra _____.
Varicella (Chicken Pox) #1 _____ #2 _____.

I have examined _____ and hereby certify he/she is able to participate in athletic activities.

*Physicians Signature

Date

Phone

*You may attach a recent copy (within the past year) of a school physical (with physicians signature) if your child has no new medical conditions that limit his or her participation in sport activities. Complete immunization records should also be attached.

Medical Treatment Authorization

In the event of an injury or illness, I give permission for my child, _____ to be treated by a qualified athletics trainer, nurse or licensed EMT and/or emergency room staff at the local hospital. I also give permission for medical staff to administer any medications as indicated above. In addition, I consent to have Hamilton College or above service providers use and disclose my child's protected health information for payment, treatment and health care operations purposes. Protected health information includes medical, billing and demographic information collected and/or created by above service providers. I understand that I will be responsible for all charges for health services by off-campus providers.

Signature of Parent or Guardian: _____ Date: _____

**IT IS ADVISED, PRIOR TO MAILING THESE FORMS THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION.
NO CAMPER WILL BE ALLOWED TO STAY WITHOUT COMPLETED HEALTH FORMS.**



Hamilton

Hamilton College Summer Programs PARENTAL PERMISSION/HOLD HARMLESS AGREEMENT

Camper Name (Last): _____ (First): _____
(Please Print Neatly.)

Date Of Birth ____/____/____ Camp Enrolled In: _____ Session: _____

1. I give my child, identified on the top of this form, permission to participate in the Hamilton College Summer Program (camp or clinic) listed above.
2. I give permission for my child to go swimming in the Hamilton College swimming pool. _____ (Initial if permitting.)
3. I give permission for my child to participate in Climbing Wall instruction at the Hamilton College climbing wall. _____ (Initial if permitting.)

If your child is to wear a helmet while participating in Climbing Wall instruction, you must provide a helmet. Helmet must be clearly marked with child's name and brought to the Summer Program registration.

4. I am aware of the inherent dangers and risks involved in summer camps, swimming and climbing wall activities including: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Some other risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other camp, climber or clinic participants.
 - c) Collision with camp facilities (floor, goal, backboard, ground, pool, climbing wall, diving board, rink, ice, mat).
 - d) Immersion in water (drowning).

5. I understand that Hamilton College *does not* provide any *accident or medical insurance* for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

(NOTE: Your child *will not be allowed to participate* in our camps unless your medical insurance provider and policy number is provided below.)

Medical Insurance Provider: _____ Policy No. _____

6. I agree that my child must turn in his/her car keys, if applicable, to the camp staff at check-in if driving himself/herself to camp.
7. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hamilton College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Hamilton College.
8. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it. Furthermore, I agree that Hamilton College is not responsible for personal belongings lost or stolen as a result of my child not locking his/her residence hall room.
9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent or Guardian (please print)

Witness (please print)

Signature of Parent or Guardian

Signature of Witness

In witness whereof, this instrument is duly executed _____
Date

Campers will not be allowed to participate unless this form is signed.