



Hamilton

198 College Hill Road
Clinton, New York 13323-9989

Field Hockey Camp



HAMILTON

Field Hockey Camp

- *Experienced and High Energy Staff*
- *High Coach to Player Ratio (1 to 6)*
- *Astro Turf Playing Surface*

*Field Hockey Camp
for Ages 10-18
Sunday, June 27-
Wednesday, June 30, 2010*

For further information, please contact:

Gillian McDonald, Camp Director
and Head Hamilton College Field Hockey Coach
Hamilton College Athletics
198 College Hill Road, Clinton, New York 13323
Telephone: (315) 859-4760
Email: gcdonal@hamilton.edu
www.hamilton.edu/athletics/summercamps.html



CAMP PROGRAM HIGHLIGHTS

A Complete Experience - Camp for Ages 10-18

The Hamilton College Field Hockey Camp is designed to help campers improve their individual and team skills with the help of our talented coaching staff, composed almost entirely of current college coaches. Our 2010 curriculum will include the latest in stick skills; offensive and defensive team techniques, offensive and defensive corners, individual goalkeeper training sessions and helpful advice in the college recruiting process. Evening games will allow campers to compete against top competition and the camper/staff games give campers the opportunity to compete alongside their coaches. Each athlete will be placed in the appropriate group according to age and ability. All practice and games will take place on Hamilton's all weather Astro Turf Field. The carpet like turf is considered to be one of the top playing surfaces in the world for field hockey.

TYPICAL DAY INCLUDES:

7:30 a.m.	Breakfast
9:00 – 11:30 a.m.	Session I
11:30 a.m.	Athlete Awareness or Pickup Game with Staff
12:30 p.m.	Lunch
2:30 – 4:30 p.m.	Session II
5:00 p.m.	Dinner
6:15-8:15 p.m.	Tournament Games
8:15-9:00 p.m.	Staff/Camper Game
9:00 p.m.	Video/Talent Show/Karaoke
10:30 p.m.	Lights Out



COST AND DETAILS OF PROGRAM

Total cost for the Hamilton College Field Hockey Camp is **\$425 for boarders** - includes room, board, practice jersey, and airport transportation to/from Syracuse Airport if needed, and **\$375 for commuters**.

A **\$200 deposit** must accompany all applications, and the remainder of the fee must be paid before **May 15th, 2010**. *No refunds.*

The camp **begins** Sunday, June 27th, 2010 and **ends** Wednesday, June 30th, 2010. Registration is from noon until 1:30 p.m. on Sunday, June 27th. Checkout starts at 12:30 p.m. on Wednesday, June 30th.

For further information, please contact: Gillian McDonald, Camp Director
Hamilton College Athletics, 198 College Hill Road, Clinton, New York 13323
Telephone: (315) 859-4760 • Email: gmcdonal@hamilton.edu
www.hamilton.edu/athletics/summercamps.html
Make checks payable to the *Trustees of Hamilton College*.

THE STAFF



Gillian McDonald is in her fourth year as the head field hockey coach at Hamilton College. The Continentals had its best season in program history this past fall. Hamilton won a team-record 12 games and shared the league's regular season title for the first time. The Continentals hosted the program's first postseason event in 20 years, won for the first time in league tournament play and received their first bid to the NCAA tournament. McDonald was named the Liberty League Coach of the Year. In addition, sophomore Erin McNally (Scotia, NY) was named an All-American. She is only the second All-American in program history. Coach McDonald was a first team All-American selection and a two time first team Regional All-American at Bowdoin College.

Some of the coaches will include:

Marissa O'Neil is currently the assistant field hockey and head women's ice hockey coach at Williams College. O'Neil was a two time All-American and Conference Rookie and Player of the Year at Bowdoin College.

Cheryl Casey is currently the assistant field hockey coach at Hamilton College. Casey played collegiately for Sacred Heart University.

Sarah Berheide is currently the Head Women's Lacrosse Coach at Bard College. She has served as the assistant field hockey coach at nationally ranked Trinity College and remains actively involved in field hockey in the community. Berheide was an All-American in both field hockey and lacrosse at Skidmore College.

Celi Fletcher is a 2007 graduate of the University of Rochester where she was named a second team All-American and was selected to play in the North/South Senior All-Star game.

Julia King is the assistant field hockey coach at Trinity College. She won two national championships as a student-athlete at Bowdoin College where she was named an All American.

The camp will feature current Hamilton team members. In addition, one of Hamilton's certified trainers will be on staff.





HAMILTON Field Hockey Camp

Name _____
 Date of Birth _____ Age at time of camp _____ Height _____ Weight _____
 Address _____
 City _____ State _____ Zip _____
 Phone # (____) _____ Cell # (____) _____
 E-mail _____
 Roommate Requests: (Will be honored whenever possible.)

(1) _____ Name _____ City _____ State _____
 (2) _____ Name _____ City _____ State _____

June 27 - June 30, 2010
 \$425 boarders \$375 commuters Check Appropriate Box: **Jersey Size:**
 SM MD LG XLG Adult
 Discount \$ _____ (Five or More Team Members receive a 10% discount,
 Hamilton employees discount 10%.)
 Experience Level: Varsity JV Beginner
 School _____

Parent's Signature: _____
 Parent's E-mail: (Optional) _____
 I give permission for my child to be photographed or videotaped. Please initial here: _____

ENCLOSED IS: _____ My child's completed Health Record (inside this brochure)
 _____ \$200 non-refundable 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 this application form, non-refundable deposit, health record form and copy of insurance card to: **Hamilton College Field Hockey Camp**
 Attention: Gillian McDonald
 198 College Hill Road, Clinton, New York 13323

THE LOCATION

Hamilton College is located in the Village of Clinton, New York, approximately 10 miles south of Utica and 45 miles east of Syracuse. The attractive campus, located on College Hill overlooking the Oriskany and Mohawk Valleys, features excellent learning and recreational facilities and modern dormitory accommodations. Nearby Utica is located on a main corridor of Amtrak and is provided with excellent passenger train service. Major bus company stops are also in Utica. The College is easily accessible by air, rail, bus and automobile. Boston, New York and Philadelphia are all within a five-hour drive.



Residence Halls and Dining Facilities

The College provides many different housing options. Rooms range from singles to quads and offer accompanying lounges, recreation areas and kitchenettes. Food service is cafeteria style. Campers choose from a variety of hot entrees, vegetables, a salad bar, desserts and beverages. Unlimited seconds are offered on all items. The food is great and there is plenty of it!

THE CAMPUS



Chartered in 1812, Hamilton enjoys a national reputation as a highly selective, independent coeducational liberal arts college.

Hamilton's facilities make possible virtually any type of organized athletics. The facilities include a 50,000 square-foot field house, an artificial turf playing field, acres of natural turf fields, 10 outdoor tennis courts, a hockey rink, racquetball and squash courts, a gymnasium, an all-weather outdoor track, a nine-hole golf course, weight rooms and training rooms.

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.)

Camper's 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 for our records.

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	COMMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: Tetanus _____, Measles _____, Mumps _____,
Rubella _____, Diphtheria _____, Poliomyelitis _____,
Hemophilus Influenza Type B _____, Hepatitis B _____, Varicella (Chicken Pox) _____.

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.