



HAMILTON

Girl's Lacrosse Camp

Session Dates:
July 15-18, 2009

Save the Date for one of the finest girls' lacrosse camps in the country!

For further information, please contact:

Patty Kloidt, Camp Director

Hamilton College Athletics

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

Telephone: 315-859-4755

Email: pkloidt@hamilton.edu

www.hamilton.edu/athletics/summercamps.html



- Designed for high school girls (Grades 9-12)
- Located at Hamilton College in Clinton, NY
- Enjoy a camper to staff ratio of 10:1
- Coaches will include college coaches, as well as current and former Hamilton players
- Cost of camp is \$450 for an overnight camper and \$300 for a day camper
- Register as a team and receive a special discount

DAILY TRAINING SCHEDULE:

8-9 a.m.	Breakfast
8:30	Day Campers Arrive
9:30-11:30	Session I
12-1	Lunch
1-2	Recreational Time
2:30-4:30	Session II
5-6 p.m.	Dinner
7-8:30	Games Session
8:30-10	Recreation-Snacks-Movies-Karaoke
9 p.m.	Day Campers Depart
10:30 p.m.	Lights out

COST OF THE PROGRAM:

\$450 for Overnight (includes room, board, and reversible pinney); **\$300 for Day Campers** (includes board and reversible pinney).

REGISTRATION:

Online Registration at www.hamiltonlacrossecamp.com
Camp check in will be held from 3-5pm on July 15th (location TBD). Camp check out will be at 11:30 on July 18th (location TBD).

FEATURES:

Each camper will receive a reversible pinney and water bottle; 10:1 camper-to-coach ratio; teaching from one of the best DIII programs in the country; turf and grass playing surfaces; karaoke; talent show; and raffles.

STAFF:

Patty Kloidt: 2008 Division III National Coach of the Year.

Mackay Rippey: 11th season as an Assistant Coach at Hamilton College.

Kim Lowry: First year Assistant Coach at Hamilton College

Staff will also include current and former Hamilton College players, as well as current collegiate coaches.

TO APPLY: *Patty Kloidt, Camp Director*

Hamilton College Athletics

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Girl's Lacrosse Camp

For Girls Grades 9-12

Application Form:

Name: _____ Age: _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____
 School: _____
 School Address: _____
 City: _____ State: _____ Zip: _____
 Signature of Parent or Guardian: _____

Category: _____ Overnight (dormitory-cafeteria) \$450
 If you have a roommate preference, please indicate.
 Both persons must state that preference on their applications.
 Requests will be honored whenever possible.
 1) _____
 2) _____
 3) _____
 _____ Daytime (commuter) (includes lunch and dinner) \$300

ENCLOSED IS:
 My child's completed Health Record (inside this brochure)
 \$150 non-refundable deposit for Campers
 Copy of Insurance Card
 Parental Permission Agreement
 *Please make checks payable to: **Trustees of Hamilton College**
 Shirt Size: _____
 In case of Emergency, Notify: _____
 Phone: _____ Parent's Email (Optional): _____

I give permission for my child to be photographed or videotaped. Please initial here: _____
 Complete and return this application form, non-refundable deposit, health record form, and copy of insurance card to:
 Hamilton Girls Lacrosse Camp
 Attention: Patty Kloidt, Camp Director
 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, 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

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.

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 for our records.

Medical information below. Physicians signature required.

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.**