



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

## Elite Women's Basketball Prospect Camp



# HAMILTON

## Elite Women's Basketball Prospect Camp

Outstanding instruction from top notch coaches and players.  
Take part in the Hamilton experience!

*Camp for Girls Grades 9-12*

*Session Dates:*

**June 27-30, 2010**

*For further information, please contact:*

***Sean Mackin, Head Coach***

Hamilton College Athletics  
198 College Hill Road, Clinton, New York 13323-9989  
Coach Mackin: 315-859-4817 or [samackin@hamilton.edu](mailto:samackin@hamilton.edu)  
[www.hamilton.edu/athletics/summercamps.html](http://www.hamilton.edu/athletics/summercamps.html)



# CAMP PROGRAM HIGHLIGHTS

## A Complete Experience

The Elite Women's Prospect Camp offers camp participants high-powered instruction in technical skills and tactical strategies. Outstanding coaches work with athletes on an individual basis and provide lectures, training films, and on-the-court training. Team competition allows players to fine-tune basketball skills and develop game awareness. Hamilton College's excellent athletic facilities ensure the camper plenty of training and game experience.

## Other Features

- Camp basketball shirt
- Camp duffle bag
- Indoor training
- Campus tours
- Camp Infirmary on site
- Group activities
- Certified trainer on duty
- Awards

## DAILY TRAINING SCHEDULE

- 8:00 a.m. Breakfast
- 8:30 a.m. Day Campers arrive
- 9 to 11 a.m. Position/skill breakdown via individual instruction
- 12:00 noon Lunch
- 1:00 p.m. Group activity
- 2 to 4 p.m. Basketball Games (5 vs. 5)
- 5:00 p.m. Dinner
- 6:30 p.m. Lecture/Shooting Practice
- 8:30 p.m. Recreation
- 8:30 p.m. Day Campers depart
- 10:30 p.m. Lights out



## COST OF THE PROGRAM, REGISTRATION, ARRIVAL/DEPARTURE TIME, TO APPLY

### Cost of the Program

The total cost for the June 27-30, 2010, Hamilton Elite Women's Basketball Camp is \$350 for Boarders and \$275 for Non-Boarders. The fee includes use of all available facilities, meals (three meals a day for Boarders, two meals for Non-Boarders), sleeping accommodations (for Boarders only), instruction, lectures, camp shirt, and camp duffle bag.

### Registration

The Hamilton Elite Women's Basketball Camp will begin with **registration from 4:00-5:00 p.m. on Sunday, June 27, 2010**, in the Alumni Gym Lobby. **Camp will end on Wednesday, June 30th at 4:00 p.m.** in the Alumni Gym lobby. Enrollment is limited - so sign up today!

### Arrival and Departure Time for Non-Boarders

Non-Boarding campers are asked to arrive between 4:00-5:00 p.m. on Sunday, June 27 and depart between 8:00 p.m. and 8:30 p.m. Non-Boarders should arrive each day at 8:30 a.m. and depart at 8:30 p.m.

### To Apply

To apply, simply fill out the attached application and send it with full payment or a non-refundable deposit of \$75 for Boarders or \$50 for Non-Boarders. Make checks payable to: **Trustees of Hamilton College**. \* Group rates available upon request. (Seven or more campers must be sent in together. Additions can be made.)

Mail to: **Hamilton Elite Women's Basketball Camp**  
Attention: Sean Mackin  
198 College Hill Road, Clinton, New York 13323

## THE STAFF



### Sean Mackin, Head Coach

Moving from Sweden in 2006, Mackin was an assistant coach on the women's basketball staff at Division I Colgate University in 2006-07. Mackin was an assistant coach for the Swedish national team from 2000 to 2002. He coached players from schools such as the University of Minnesota, Oregon State University, and Georgia Tech. Mackin was the head coach for a Danish women's basketball club team that won a national championship in 1994. Coach Mackin guided a Swedish women's club team to national semifinal appearances in 1999 and 2002. The Pennsylvania native was a two year captain, four year starter, and 1,000 point scorer at Muhlenberg College and went on to play professional basketball in Denmark for three seasons. Mackin has just completed his third season as the head women's basketball coach at Hamilton College after a successful interim campaign.

### Caitlin Gillard, Assistant Coach

Caitlin Gillard, who was a three-time captain at Colgate University, is entering her second season as Hamilton College's top assistant women's basketball coach. Gillard was a four-year letter winner at Colgate and was twice named the team's most valuable player. Gillard was voted to the academic all-district university division second team for women's basketball by the College Sports Information Directors of America (CoSIDA) in 2007 and 2008. She earned a spot on the Patriot League Academic Honor Roll all four years. Gillard received the Dean's Award for academic excellence all eight semesters at Colgate. She graduated in 2008 with a bachelor's degree in neuroscience. Gillard hails from Vestal, NY.



### CAMP STAFF:

We have been very fortunate to bring together an outstanding staff. These professionals are known for their ability to instruct the mental and physical skills needed to develop fundamentally sound players. Instruction is done by college coaches and players who are excited to pass on their knowledge and passion for the game of basketball.





# HAMILTON

## Elite Women's Basketball Prospect Camp

### For Girls Grades 9-12

Application Form:

SHIRT SIZE: \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Parent's E-mail (Optional): \_\_\_\_\_

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

Category:

\_\_\_ **Boarder (dormitory-cafeteria)** ..... \$350

If you have a roommate preference, please indicate.

Requests will be honored whenever possible.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_ **Non-Boarder (commuter)** (includes lunch and dinner) ..... \$275

**ENCLOSED IS:** \_\_\_ My child's completed Health Record (inside this brochure)

\_\_\_ \$75 non-refundable deposit for Boarders.\*

\_\_\_ \$50 non-refundable deposit for Non-Boarders.\*

\_\_\_ Copy of Insurance Card

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

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 Elite Basketball Prospect Camp

Attention: Sean Mackin

198 College Hill Road, Clinton, New York 13323

Phone: 315-859-4817 • Fax: 315-859-4117

## 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.)

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 \_\_\_\_\_,

Poliomyelitis 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.**