

HAMILTON Sports Day Camp

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



For further information, please contact:

Steve Stetson, Program Director

Hamilton College Athletics

198 College Hill Road, Clinton, New York 13323

Telephone: (315) 859-4757 • E-mail: ssetson@hamilton.edu

Camp applications can be found at:

<http://www.hamilton.edu/summercamps>

Session Dates:

First Session: July 11-15, 2011

Second Session: July 18-22, 2011

For Boys and Girls Ages 6-12 Years Old

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



THE PROGRAM COST and PARTICIPATION • \$220 per week

A deposit of \$110 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. The Health Center is staffed with New York State licensed nurses and a full-time nurse practitioner. Athletic trainers certified in First Aid and CPR are also on site.

Camp activities include: - Tennis - Basketball - Swimming - Capture the Flag - Dodge Ball - Frisbee - Kickball - Soccer - Track & Field - Relay Races - Wiffle Ball - Golf Putting *All campers receive daily all-you-can-eat lunch and a Sports Day Camp T-Shirt

Sample daily schedule:

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

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|--------------|-----------------|---------------|--------------------|
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*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 fifth 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 38 years. Steve and his wife, Sue, have three children, Amy, David and Meghan.



For further information, please contact:

Steve Stetson, Program Director
Hamilton College Athletics
198 College Hill Road, Clinton, New York 13323
Telephone: (315) 859-4757
E-mail: [sstetson@hamilton.edu](mailto:ssetson@hamilton.edu)
<http://www.hamilton.edu/summercamps>

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.



HAMILTON

All Sports Day Camp

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

Program Cost: \$220.00 per Session

Name of Applicant _____ Sex: _____ M _____ F _____

Number and Street _____

City _____ State _____

Zip _____ Telephone Number (_____) _____

Age as of 6/11 _____ Date of Birth _____

School Attended _____

Parents' Names _____

Parent's Signature _____

Parent's E-mail Address _____ (Required)

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 11-15, 2011
 _____ Second Session • July 18-22, 2011

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)
 _____ \$110 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

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

Dear Parent/Guardian,

Thank you for selecting the Hamilton College Youth Camps for your child's summer camp experience. This letter and enclosures pertain to required documentation regarding your child's health. Please assist our staff by reviewing and completing the Hamilton College Summer Sports Camp Health Record as well as the Medications at Camp form.

Hamilton Summer Camp Health Record: Personal Information and Medical History

- In accordance with the New York State Department of Health (NYSDOH), this form must be completed for each child attending camp, with accurate and current information to the best ability of the parent/guardian.
- Only one form needs to be completed if the child is attending multiple sport camps. Please indicate the camps that your child will be attending by checking the appropriate boxes in the upper right hand corner of page one.
- A photocopy of your child's Record of Immunizations may be obtained from your physician and submitted in lieu of completing the immunization section of this form. Please note that the NYSDOH requires an immunization record which includes dates, not simply a note stating that the child's immunizations are up to date.

No child will be permitted to remain on campus and participate in the camp without this form being complete, which includes a current Record of Immunizations.

Medications at Camp

This section of the form must be completed by the camper's health care provider if your child:

- Needs to take any standard Over the Counter Medication "As Needed" provided by the parent/guardian, while at camp
- Needs to take any routine Prescription Medications, provided by the parent /guardian, while at camp.
- Needs to take any Medication "As Needed" provided by the parent /guardian, while at camp.
- The NYSDOH and Oneida County Department of Health require that this form be completed prior to the start of camp.
- Completion of this form grants permission to the Camp Health Director and his/her designee(s) to administer prescription and over the counter medication as directed when necessary and supplied by the parent/guardian.

Thank you for taking the time to accurately complete the Personal Information and Medical History Form, as well as the Camp Medication Form (if appropriate). Completed forms must be returned at least two weeks prior to your child's arrival at camp, and should be sent to the following address:

Hamilton College Sports Camps
Attn: Scott Siddon
Head Athletic Trainer
198 College Hill Road,
Clinton, NY 13323

Hamilton College Summer Sports Camp Health Record

Participation is prohibited without this completed form.

Name _____ Birth Date ___/___/___ Age at Camp _____ Gender: Male Female

Address _____ City _____ State _____ Zip _____

Parent/guardian _____ Home Ph. _____ Cell Ph. _____

Address _____ City _____ State _____ Zip _____
(if different from above)

Other Emergency Contact _____

Relationship _____ Home Phone _____ Cell Phone _____

Sports Camps Attending: (Please check appropriate box for camp or multiple camps.)

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All-Sport Day Camp • Check Session <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> Girls Ice Hockey Prospect Camp |
| <input type="checkbox"/> Day Basketball Camp (Coed) | <input type="checkbox"/> Excel Lacrosse Camp Boys |
| <input type="checkbox"/> Hamilton Elite Skills Basketball Camp Boys | <input type="checkbox"/> Boys Lacrosse Prospect Camp |
| <input type="checkbox"/> Field Hockey Camp for Girls | <input type="checkbox"/> All American Soccer Camp (Coed) |
| <input type="checkbox"/> College Prospect Hockey Camp Boys | <input type="checkbox"/> Girls Soccer Camp |
| <input type="checkbox"/> Boys Youth Hockey Camp | <input type="checkbox"/> Softball Camp |
| <input type="checkbox"/> Girls Youth Hockey Camp | <input type="checkbox"/> Squash Camp |
| <input type="checkbox"/> Girls Ice Hockey Goalie Camp | <input type="checkbox"/> Competitive Swim Camp • Check Session <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Aqua Kids Days Camp | <input type="checkbox"/> Other _____ |

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____

Policy # _____ Group # _____

Name of family physician _____ Phone _____

IMMUNIZATION :

COMPLETE IMMUNIZATION RECORDS are required for camp attendance. A copy of your child's Immunization History from your pediatrician may be submitted in lieu of completing the immunization section below.

Please provide all dates of immunization for:

Date:

Td or Tdap or DTaP	_____
Tetanus	_____
MMR	_____
or Mumps	_____
or Measles	_____
or Rubella	_____
Polio	_____
Varicella (chicken pox)	_____
Haemophilus Influenza B	_____
Menactra	_____

Camper Name: _____ / _____ / _____
Last First DOB

HEALTH HISTORY

The following information must be completed by the parent/guardian of the camper. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided, in writing, to the Medical Director upon participant's arrival at camp.

A copy of recent physical (within the past 12 months) from your pediatrician may be submitted in lieu of completing the health history section below. School physicals are acceptable.

GENERAL QUESTIONS:

	Yes	/	No	<i>Please explain "Yes" Answers below:</i>
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>		<input type="checkbox"/>	_____
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>		<input type="checkbox"/>	_____
3. Ever been hospitalized?	<input type="checkbox"/>		<input type="checkbox"/>	_____
4. Ever had surgery?	<input type="checkbox"/>		<input type="checkbox"/>	_____
5. Have frequent headaches?	<input type="checkbox"/>		<input type="checkbox"/>	_____
6. Ever had a head injury?	<input type="checkbox"/>		<input type="checkbox"/>	_____
7. Ever been knocked unconscious?	<input type="checkbox"/>		<input type="checkbox"/>	_____
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>		<input type="checkbox"/>	_____
9. Ever had frequent ear infections or loss of hearing?	<input type="checkbox"/>		<input type="checkbox"/>	_____
10. Ever passed out during or after exercise?	<input type="checkbox"/>		<input type="checkbox"/>	_____
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>		<input type="checkbox"/>	_____
12. Ever had seizures?	<input type="checkbox"/>		<input type="checkbox"/>	_____
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>		<input type="checkbox"/>	_____
14. Ever had high blood pressure?	<input type="checkbox"/>		<input type="checkbox"/>	_____
15. Ever been diagnosed with a heart murmur/disease?	<input type="checkbox"/>		<input type="checkbox"/>	_____
16. Ever had back problems?	<input type="checkbox"/>		<input type="checkbox"/>	_____
17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>		<input type="checkbox"/>	_____
18. Have any skin problems (e.g. itching rash, acne)?	<input type="checkbox"/>		<input type="checkbox"/>	_____
19. Have diabetes?	<input type="checkbox"/>		<input type="checkbox"/>	_____
20. Have asthma?	<input type="checkbox"/>		<input type="checkbox"/>	_____
21. Use an inhaler?	<input type="checkbox"/>		<input type="checkbox"/>	_____
22. Had problems with diarrhea/constipation?	<input type="checkbox"/>		<input type="checkbox"/>	_____
23. Had mononucleosis in the past 12 months?	<input type="checkbox"/>		<input type="checkbox"/>	_____
24. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>		<input type="checkbox"/>	_____
25. Have an absence of a paired organ?	<input type="checkbox"/>		<input type="checkbox"/>	_____
26. Diagnosed with an emotional disorder?	<input type="checkbox"/>		<input type="checkbox"/>	_____
27. Diagnosed with a psychiatric disease/disorder?	<input type="checkbox"/>		<input type="checkbox"/>	_____

Is there any reason why this camper's activity at camp should be restricted in any way? _____

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list) please include insect stings, hay fever, asthma, animal dander, etc. _____

Camper Name: _____ / ____ / ____
Last First DOB

PLEASE NOTE:

If your child must take any medication while at camp, either prescription or over the counter, the **Medication Section BELOW** must be completed as directed. This section must be signed by a physician, and be on file for children requiring medication as part of an established routine, or on an "as needed" or emergency basis.

MEDICATIONS AT CAMP

This section must be completed and signed by the child's physician/health care provider if your child:

- Needs to take any standard Over the Counter Medications "As Needed" provided by the parent/guardian.
- Needs to take any routine Prescription Medications, provided by the parent/guardian.
- Needs to take any Medications "As Needed" or for emergencies (Epi-Pen, Inhaler, etc), provided by the parent/guardian.

Medications:

YOU MUST PROVIDE THESE MEDICATIONS IN THE ORIGINAL, LABELED CONTAINER.

They will be stored in the infirmary and/or with the Camp Health Director or designee and will be administered as needed, in accordance with the camper's written health plan (if approved by the by the camper's healthcare provider). Please complete with the camper's current regimen for both scheduled and "As Needed" medications (ie. Epi-Pen, Inhaler, etc.).

Drug Name	Dosage & Schedule	Indications (why needed)	Comments

Physician Signature: _____

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 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 ON FILE.