



# 2012 HOBART COLLEGE LACROSSE CAMP

More than  
35 years of the  
best instruction  
and competition  
in the country.



**Individual Skills Camp - Ages 10-14**  
July 15-18, 2012

**Mini Camps: Goalie, Faceoff,  
Stick and Shooting Skills - Ages 7-18**  
July 14-15, 2012

**Young Guns Day Camp - Ages 7-9**  
July 15-18, 2012

Include full payment with application?

2. Include the parental signatures on both sides of application?

81860-00456-11-30456#

Geneva, NY 14456  
Conferences and Events  
**Hobart Lacrosse Camp**  
HOBART COLLEGE

**APPLICANT REGISTRATION FORM: TO BE COMPLETED BY PARENT OR GUARDIAN. TYPE OR PRINT IN INK ONLY. FILL IN ALL SECTIONS.**  
This form may be copied for additional applications. Your payment must accompany this registration form. Send completed form to: Conferences and Events Office,  
300 Pulteney St., Geneva, NY 14456.

\*U.S. funds

Camper Name:	First	Last	Session/Description	Mini Camp- Check ONE	Price
Address:	Number	Street	City	State/ZIP	
Home Phone:	Cell Phone:		<input type="checkbox"/> Individual Camp ONLY Ages 10-14, July 15-18	<input type="checkbox"/> No Mini Camp Included	<b>Overnight-\$425</b> <b>Commuter-\$250</b>
Parent's E-mail Address (for confirmation packet):	Parent Name:		<input type="checkbox"/> Alternate Contract in case of emergency:	<input type="checkbox"/> Individual Camp & ONE Mini Camp Ages 10-14, July 14-18	<input type="checkbox"/> Goalie <input type="checkbox"/> Faceoff <input type="checkbox"/> Stick Skills
Emergency Contact Phone: ( )	School Name:		Age: (as of July 10, 2012)	<input type="checkbox"/> Mini Camp ONLY Ages 7-18, July 14-15	<input type="checkbox"/> Goalie <input type="checkbox"/> Faceoff <input type="checkbox"/> Stick Skills
Year graduating High School:	Roommate (list one name):		<input type="checkbox"/> Young Guns ONLY Ages 7-9, July 15-18	<input type="checkbox"/> No Mini Camp Included	<b>Commuter-\$175</b>
<b>MEDICAL, INSURANCE &amp; EMERGENCY INFORMATION FORM</b> Complete this section or attach current immunization record.			<input type="checkbox"/> Young Guns & ONE Mini Camp Ages 7-9, July 15-18	<input type="checkbox"/> Goalie <input type="checkbox"/> Faceoff <input type="checkbox"/> Stick Skills	<b>Commuter-\$275</b>

*Hobart and William Smith Colleges do not exclude anyone from participation in, deny anyone the benefits of, or subject anyone to discrimination or harassment in any program or activity or in employment based on race, color, religion, sex, marital status, national origin, age, disability, veteran status, or sexual orientation.*

Month/Yr. of shot	Tetanus	Diphtheria	Polio	Mumps	Measles	Rubella	Pertussis
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Please list medications to be taken during camp:

List all allergies (to medicine, food, etc.):

List any medical conditions that our staff should be aware of:

Date of most recent physical exam (must be within past 12 months):

**RELEASE/ MEDICAL AUTHORIZATION** I, the undersigned, individually and as a parent(s) and guardian of the above mentioned child, a minor, ask that he be admitted to participate in a camp at Hobart and William Smith Colleges further known as "The Colleges". In consideration of such admission, I do hereby agree to release, discharge, and hold harmless "The Colleges", its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the said minor arising out of their attendance of the camp or in the course of competition and/or activities held in connection with said camp. I also hereby consent to the general usage of photographs, digital images, film, videotape, or audio track, taped appearance, testimonial, written submissions, or interview of/with my minor child in connection with publicity, advertising and promotional activities containing the likeness, name and/or voice of said child by "The Colleges" or by successors for internal communications or other purposes, in any form, format, media or medium (including the Internet or other electronic means) now known or which may come into being in the future, if "The Colleges", it assigns or successors so desires. The undersigned further releases and discharges "The Colleges", its successors or assigns, from any and all claims and demands, and waives and foregoes any and all legal or equitable actions arising out of or in connection with the use of said media. I hereby authorize emergency or other medical treatment for my child that may be deemed necessary by attending medical personnel while he is attending this camp. Insurance coverage for accidental injury of all campers is REQUIRED. "The Colleges" provides excess medical insurance only.

Health Insurance Company name: \_\_\_\_\_ Policy #/Subscriber #: \_\_\_\_\_

**Signature Required** Parent and/or Guardian: \_\_\_\_\_

I (we) understand that: (1) No camper will be permitted to enroll until acceptable medical/insurance information is provided; (2) I am hereby waiving and releasing "The Colleges" from any and all liability for any injuries incurred by my child while attending camp; (3) I am hereby representing to "The Colleges" that I will have adequate health insurance on my child while he is attending camp (the Colleges provide only excess medical insurance); (4) I will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; (5) Signature by me/we of this registration form does not violate any legal agreement or order pertaining to the care and custody of my child.

Upon receipt of registration form and full payment, the camp confirmation packet will be mailed to you. This will include a medical form, directions, transportation form and packing list.

Enclose the following payments:  
 \$ \_\_\_\_\_ payment in full for above marked camp(s)

All registration forms must be sent in together by coach or team contact to receive the team discount.

Group name: \_\_\_\_\_  
Group Contact Person: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

Make payable to:  
Hobart Lacrosse Camp  
Hobart Lacrosse Camp  
Hobart Lacrosse Camp  
Conferences and Events Office  
300 Pulteney Street  
Geneva, NY 14456



**LACROSSE AT HOBART COLLEGE**

For more than 100 years, Hobart College and the game of lacrosse have been mentioned in the same breath. Hobart is one of only six college teams to win more than 700 games, and the Statesmen have had just nine head coaches since 1925. Hobart enters its 18th season at the Division I level after capturing 16 national titles in Divisions II and III- including 13 of 14 NCAA Division III Championships between 1980-1993. The Hobart Lacrosse program has produced more than 200 lacrosse All-Americans, and 104 Hobart alumni have played in the annual North-South College All-Star Game.

**CAMP STAFF**

Camp Director & Hobart Head Coach T.W. Johnson joined the Hobart staff in 2004, following three seasons as head coach at Limestone College. He brings a great deal of experience and aptitude to the lacrosse program. As a championship-winning coach, he is prepared to help you climb to the top of your game. Coach Johnson will be assisted by numerous D-I, D-II, & D-III coaches and players.

**LOCATION**

Hobart and William Smith Colleges are located in Geneva, N.Y., on the shore of Seneca Lake, the largest of the Finger Lakes. The campus is easily accessible by car, train, airplane, or bus from all directions. The campus is less than one hour from either the Rochester or Syracuse airports and seven miles south of the New York State Thruway (Exit 42).

**FACILITIES**

Athletes at the Hobart Lacrosse Camp train in top-flight facilities and eat outstanding meals. The camp has access to nine grass fields, the FieldTurf of Boswell Field and the AstroTurf 12 of McCooey Field, as well as a full-size indoor field. Athletes also enjoy access to the Colleges' indoor pool, basketball courts, tennis courts, and strength training room. With the completion of the Caird Center for Sports and Recreation in the fall of 2010, the Colleges' lacrosse facilities are second to none.

**MEDICAL SERVICES**

Full-time athletic trainers are on staff. Geneva General Hospital is located nearby.

**CAMP OPTIONS 2012**

<b>INDIVIDUAL SKILLS CAMP</b> Ages 10-14 July 15-18	Hobart Lacrosse Camp is recognized as the top skill camp in the country. Athletes will learn to develop the skills, strategies, and techniques that will enable them to take their game to the highest level. Campers are organized by age and ability for position work and by teams for competition. Every athlete, regardless of skill level, receives top notch instruction and individual attention from the staff. The core of our program is based on daily scrimmages and games, intense position work, and detailed attention to the team phases of the game (i.e. defense, clearing, offense, shooting, and the faceoff). Individual skills campers can stay overnight or commute to campus each day. In addition, they can attend a mini camp prior to the start of the Individual Skills Camp.
<b>MINI-CAMPS</b> Ages 7-18 July 14-15	<p><b>Goalie Mini Camp-</b> Great goalies are a trademark of Hobart Lacrosse. For the elite player or the young goalie, this focused two-day school will take your game to the next level. Goalie Mini Camp features comprehensive instruction and drills on all aspects of goalie play.</p> <p><b>Stick &amp; Shooting Skills Mini Camp-</b> Stick skills and shooting skills are essential to being an outstanding lacrosse player. Coaches will lead campers through instruction on how to make themselves better as an individual, provide ideas for skills they can work on outside of practice, and will instruct campers to improve their shot's accuracy and speed.</p> <p><b>Faceoff Mini Camp-</b> As all lacrosse fans and player know, winning the faceoff is a key advantage in lacrosse. Faceoff Mini Camp will be led by Hobart alum Tim Booth '03 and Coach Terry Muffley and will help campers of all ages have an edge in winning face-offs.</p>
<b>YOUNG GUNS DAY CAMP</b> Ages 7-9 July 15-18	Young Guns campers will commute to campus each day and will focus on individual and team aspects of lacrosse camps. Coaches will work with campers on stick skills, defense, clearing, shooting, and faceoffs. Young Guns campers can also attend one of the Mini-Camps prior to Young Guns Camp.

For further information, contact:  
**Conferences and Events Office**  
 300 Pulteney St., Geneva, NY 14456-3397  
**P: (315) 781-3103 • F: (315) 781-4325**  
**E-mail: events@hws.edu**  
**On the Web: www.hws.edu/offices/conferences**

**MEDICATION AUTHORIZATION FORM**  
 Important Information for all Overnight Campers

- This form MUST be completed PRIOR to camp** with the information for ANY prescriptions AND/OR over-the-counter (OTC) medications
- ALL "as needed" PRESCRIPTION medications (including EPI-pen or asthma inhalers) **MUST** be either accompanied by a typed individual order signed by the camper's health care provider OR the health care provider may complete and sign the dosage information on this sheet. **This must also be signed by the parent.**
- ALL other PRESCRIPTION medications **MUST** be in their original containers, stating the specific times and dosages (this needs to be marked on this sheet). **This also must be signed by the parent.**
- All campers using an EPI-Pen or asthma inhalers **MUST** inform camp medical personnel each time that these are self-administered.

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_

**Over-the-Counter (OTC) Medication kept on hand at our Infirmary**

*These items will be administered at the discretion of the Physician's Assistant or Athletic Trainer, if approval is indicated by the camper's parent or guardian. Note: Unless we have parental authorization, we cannot administer ANY medications. Please complete the following section to save time if your child needs any of these OTC medications during his stay.*

Drug Name	Route	Dosage	Schedule and Indications	Parental Permission to Administer (circle)	Comments
Tylenol	PO (chewable tabs, "elixir or tabs)	Per Label: Instructions by age/weight	Q 4 hr as needed for pain or fever: > °F	YES or NO	
Ibuprofen	PO (chewable tabs, suspension or tabs)	Per Label: Instructions by age/weight	Q 6 hr as needed for pain or fever: > °F	YES or NO	
Robitussin	PO (syrup)	Per Label: Instructions by age/ weight	Q 4 as needed for cough	YES or NO	
Pepto-Bismol	PO (Liquid or chewable tabs)	Per Label: Instructions by age/ weight	Q 30 min. to 1 hr as needed for diarrhea (no > 8 doses/24 hr.)	YES or NO	
Benadryl	PO (chewable tabs, elixir or pills)	Per Label: Instructions by age/ weight	Q 6 hr as needed for allergic reaction (hives, insect bite)	YES or NO	

**Over-the-Counter (OTC) Medication brought to camp with camper**

Drug Name	Route (please enter formulation)	Dosage	Schedule and Indications	Comments

**Prescription Medications brought to camp with camper** (This section must be completed AND signed by the health care provider, stating the specific times and dosages):

Drug Name	Route (please enter formulation)	Dosage	Schedule and Indications	Comments

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature (needed only for prescription medications): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (required for OTC and prescriptions): \_\_\_\_\_ Date: \_\_\_\_\_