

# William Smith Team Lacrosse Camp



**Did you remember to:**

- ✓ 1. Complete all requested information?
- ✓ 2. List your age and level of play?
- ✓ 3. Include parent signature?
- ✓ 4. Enclose full payment (U.S. dollars only)?

WILLIAM SMITH COLLEGE  
William Smith Team Lacrosse Camp  
Conferences and Events Office  
Geneva, NY 14456

## TEAM LACROSSE

### Summer Camp

### 2010

**Sunday, June 27 -  
Wednesday, June 30, 2010**

For Girls ages 12-18

*From beginners to elite players*

# William Smith Team Lacrosse Camp 2010

## CAMP DIRECTOR

### Pat Genovese

The camp is directed by William Smith Head Coach Pat Genovese. Genovese is the only lacrosse coach William Smith has ever known. She has established the Herons as one of the top programs in the nation. A highly decorated coach, she was inducted into the National Lacrosse Hall of Fame in 2009. Genovese has been named the Division III Coach of the Year three times, Regional Coach of the Year three times, and N.Y. State Coach of the Year twice. In 2008, Genovese was the first collegiate lacrosse coach, man or woman, to record 350 career wins. A former U.S. Squad coach and three-time coach of the Division III North/South All Star Game, Genovese is a member of the William Smith Athletics Hall of Honor, the Cortland State "C" Club Hall of Fame, the Green Mountain Athletic Hall of Fame and the U.S. Lacrosse Rochester/Western N.Y. Chapter Hall of Fame.

Genovese's involvement with women's lacrosse is extensive. She has directed the William Smith Lacrosse Camps for more than 16 summers and has organized numerous clinics for high school players and coaches. Genovese has been instrumental in assisting new programs implementing girls' lacrosse at the secondary level. In 1998 and 2007, she received the NYSWCAA Service Award for her contributions to women's athletics. In 2010, Genovese received the IWLCA Diane Geppi-Aikens Memorial Lifetime Achievement Award, one of IWLCA's most prestigious awards.

## LACROSSE AT WILLIAM SMITH

William Smith Lacrosse has been synonymous with excellence for more than three decades. The Herons have secured 16 NCAA bids. They have competed in the NCAA semifinals 11 times, advancing to the finals five times. William Smith has captured 11 NYSWCAA Championships. More than 100 William Smith players have received All-American honors, while seven players have earned the prestigious Player of the Year Award. The program has produced New York State Scholar-Athletes, Rhodes Scholar nominees, NCAA Scholarship winners, and numerous North/South Game participants.

## CAMP PROGRAM

The primary focus of the camp program is on providing a quality learning experience with maximum individual attention and interaction with the coaching staff. There is a strong emphasis on team development and the understanding of the magnitude of strong team dynamics. Players are encouraged to analyze their leadership skills, work ethic, attitude, body language, and daily commitment to the team and to train with a purpose, while playing harder for each other. Campers will be involved in age/talent appropriate daily sessions. **TEAM GROUPS WHO ATTEND WILL BE PLACED TOGETHER FOR MAXIMUM TEAM DEVELOPMENT.**

## DAILY SESSIONS INCLUDE

**Sunday, 12:30-2 p.m. - Check-in / Wednesday, 2 p.m. - Check-out.**

Daily sessions will include individual stick skills, footwork, offensive and defensive strategies, goalkeeping, and organized games. Session 1, focusing on individual skills, is held from 9 - 11 a.m. Session 2, focusing on small games and strategy, is held daily from 2 - 4 p.m. Session 3, focusing on team games, follows dinner. Evening sessions, featuring scrimmage play with coaches and counselors, seminar sessions, and optional swimming times, are held each night from 8 - 9:30 p.m. Lights out occurs at 10:30 p.m. Registration is located in front of Winn-Seeley Gym.

## LOCATION

Hobart and William Smith Colleges are located in Geneva, N.Y., on the picturesque shores of Seneca Lake. The campus is less than one hour from the Syracuse and Rochester airports and train stations, and located seven miles south of the New York State Thruway (Exit 42).

## STAFF

The 2010 Staff will include head and assistant coaches from elite college programs, as well as present William Smith players chosen for their work ethic and enthusiasm. College bound campers may request William Smith coaches to forward prospective college evaluations/recommendations.

## FEATURES OF THE CAMP

- Outstanding facilities: Artificial turf stadium, manicured grass fields, indoor facility, fitness center, pool, locker rooms, comfortable, clean dorms and spacious dining area.
- Outstanding goalie training: Knowledge and skill improvement through individual coaching, playing in small and full field games. Time spent on leadership training, mental preparation, strength and cardiovascular improvement.
- Fun: Incorporate fun and motivation challenges promoting teamwork, team building and recovery mechanism.
- **PARTIAL TEAMS AND INDIVIDUALS ARE ENCOURAGED TO ATTEND AS WELL AS TOTAL TEAMS.** We will take the time to make any situation work.
- Reversible jersey and other gifts
- Evening seminars include sessions on NCAA recruiting guidelines, conditioning, strength training, nutrition, mental training, and leadership.

## MEDICAL SERVICES

Athletic trainers are available on a full-time basis. Geneva General Hospital is located a few minutes from campus.

## TUITION

- **\$400 overnight fee:** includes room, board, individual instruction, reversible jersey and other gifts and medical insurance.
  - **\$295 commuter fee:** covers the same as above except for overnight accommodations.
- All registration forms must be mailed together at one time and list one contact person.**

### Camp Director: Pat Genovese

**Dates: June 27 – June 30**

**Place: William Smith College**

**Fee: \$400**

**Girls: ages 12 – 18**

*Pat Genovese (362-133-1): Three-time  
Division III National Coach of the Year,  
National Semifinalist 11 times.*

## SAMPLE SCHEDULE: TUESDAY

8 a.m.	Breakfast
8:45 - 11:30 a.m.	Training
Noon	Lunch
1:45 - 3:45 p.m.	Demo/Training
5 p.m.	Dinner
6 - 7:45 p.m.	Games
10:30 p.m.	Lights Out

## OUTSTANDING GOALKEEPING PROGRAM

- Daily individualized instruction
- One-on-one critiques
- Application of knowledge and skills gained to field strategies in both small games and regular game situations
- Comprehensive approach to all aspects of goalkeeping play: mental preparation, leadership qualities, strength and cardiovascular improvement

# William Smith Team Lacrosse Camp Registration Form

2010

Office use only

Check no. \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**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: William Smith Team Lacrosse Camp, Conferences and Events, 300 Pulteney St., Geneva, NY 14456**

Camper Name: \_\_\_\_\_  
First Last Nickname

Address: \_\_\_\_\_  
Number Street City State/ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Club: \_\_\_\_\_ Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_

Grade in School: (2010-11) \_\_\_\_\_ Age: (as of June 15, 2010) \_\_\_\_\_

*All rooms are doubles. To guarantee your daughter's placement with roommate, both must request each other and application must be received with payment before deadline.*

*If you do not request someone, you will be randomly assigned to room with a camper from your area. Roommate (list one name): \_\_\_\_\_*

**MEDICAL, INSURANCE & EMERGENCY INFORMATION FORM** Complete this section or attach current immunization record.

	Tetanus	Diphtheria	Polio	Mumps	Measles	Rubella	Pertussis
Month/Yr. of shot							

**MEDICAL HISTORY**

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/she 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 (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/she 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. I hereby authorize emergency or other medical treatment for my child that may be deemed necessary by attending medical personnel while he/she 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**

Mother, Father and/or Guardian: \_\_\_\_\_

TUITION	Please check:
<input type="checkbox"/>	<b>Overnight tuition: \$400</b> includes room, board, reversible camp jersey, individualized instruction, medical insurance
<input type="checkbox"/>	<b>Commuter tuition: \$295</b> covers same as above except for overnight accommodations

**PAYMENT** Please make checks payable to Hobart and William Smith Colleges

**Total Enclosed: \$** \_\_\_\_\_

Please return completed registration form with full payment to:  
**William Smith Team Lacrosse Camp  
 Conferences and Events  
 300 Pulteney St.  
 Geneva, NY 14456**

Full payment is due by **June 15, 2010**. The medical, insurance & emergency information form and medication authorization form (on back of registration form) **MUST** be returned with registration.

Upon receipt of your full payment and registration, other pertinent information regarding camp will be sent to you. Refunds will only be given for medical issues and an administrative fee will be retained.

*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, natural origin, age, disability, veteran status, or sexual orientation.*

Please Complete Both Sides

# 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 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 P.A. 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	

Please Complete Both Sides

### 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

Camper's Health Care Provider Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_ License #: \_\_\_\_\_

Health Care Provider Signature (only needed for prescription medications): \_\_\_\_\_ Date: \_\_\_\_\_

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

For further information call or write: WILLIAM SMITH TEAM LACROSSE CAMP, c/o Conferences and Events Office, 300 Pulteney St., Geneva, NY 14456  
(315) 781-3103 • Fax (315) 781-4325 • E-mail: events@hws.edu • http://www.hws.edu/office/conferences