

WILLIAM SMITH COLLEGE  
**William Smith Soccer Camp**  
Conferences and Events Office  
Geneva, NY 14456

**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)?

#51401-11-35400-09814

# William Smith Team Soccer Camp

WILLIAM SMITH COLLEGE



## TEAM SOCCER

### Summer Camp

### 2011

**Wednesday, July 6 -  
Saturday, July 9, 2011**

For Girls ages 12-18  
*From beginners to elite players*

# William Smith Team Soccer Summer Camp 2011

## SOCCER AT WILLIAM SMITH COLLEGE

In an era when sport camps have become sports factories and the emphasis has shifted to the revenue generated as opposed to the quality of the experience, the William Smith Team Soccer Camp asserts itself as an exception. The focus here is on providing a quality learning experience in an environment where the smaller number of campers allows for the maximum in individualized attention and interaction between the coaching staff and the players. William Smith's tradition of excellence places it among the elite women's intercollegiate teams, irrespective of the level of play. The William Smith Soccer Team has appeared in the national semifinals on eight occasions (1987, 1988, 1993, 1995, 1997, 2002, 2008, 2010) and has been a regional finalist 10 times. The program has produced 33 NSCAA All-Americans, 84 NSCAA All-Region selections, and 90 All-State players.

## CAMP PROGRAM: "THE WILLIAM SMITH WAY"

At William Smith, the soccer team is predicated on team investment and the understanding of the importance of strong team dynamics. Players must analyze and acknowledge their roles in leadership, accountability and team building. With this working philosophy serving as the program's underpinning, players train and play harder for each other. This is "The William Smith Way." It is also the platform for the William Smith Team Soccer Camp. Campers will be involved in age-appropriate daily sessions that will expand and develop their awareness and understanding of the team format and their role within the team. Team groups who attend will be placed together for maximum team development.

## CAMP DIRECTOR: Aliceann Wilber

One of the winningest coaches in collegiate soccer, Aliceann Wilber has guided the William Smith program from its inception in 1980 to the 1988 National Championship and beyond. With a career record of 423-121-49, Wilber has more victories than any coach in NCAA Division III women's soccer history. In 2003, she became the first woman to receive the NSCAA's Bill Jeffrey Award for outstanding lifetime achievement. Wilber's efforts were recognized with the unprecedented consecutive selections in 1987 and 1988 as the Division III Women's Soccer Coach of the Year. She also earned the National Coach of the Year Award in 1991 and 2008. Additionally, she has been named Regional Coach of the Year seven times, while garnering four State Coach of the Year awards. Under Wilber's guidance, excellence had become synonymous with William Smith soccer. She led the Herons to their first postseason appearance in 1986. Two years later, William Smith captured its first national title in any sport when the Herons defeated UC-San Diego 1-0 to win the Division III crown. The 1988 team finished 18-1-1, notching 16 shutouts and allowing only four goals in 20 games. No Division III women's soccer program has more NCAA Tournament appearances than William Smith. Wilber graduated magna cum laude from The College at Brockport with a degree in physical education. She also earned a master's degree in physical education from Goddard College.

**Camp Director:**  
**Aliceann Wilber**  
**July 6 – 9**  
**William Smith College**  
**Fee: \$300 overnight**  
**\$225 commuter**  
**Girls: ages 12-18**

## 2011 STAFF

The 2011 staff will consist of head and assistant coaches from elite Division I and III programs. William Smith graduates, along with top high school coaches, will round out the impressive camp staff. Current college players, selected for their work ethic and enthusiasm, will also assist the coaching staff.

## TUITION

**\$300 overnight fee:** includes room, board, jersey, individualized instruction and medical insurance

**\$225 commuter fee:** includes board, jersey, individualized instruction and medical insurance

## FEATURES OF THE CAMP:

- Ultimate focus is on team play predicated on technical fundamentals that allow for collective play, both offensively and defensively
- Players and teams are grouped for compatible training and playing levels
- Specialized goalkeeper training
- Incorporation of fun and motivating challenges which promote teamwork and team building and result in various "camp champion" designations
- Partial teams and individuals are welcomed as well as entire teams. We make it work!
- Top of the line facilities including lighted turf and grass fields, full-size indoor facility (for inclement weather), fitness center, locker rooms and pool

**Camp is limited to the first 70 individuals who register**

*For further information call or write:* **Conferences and Events Office**

**Hobart and William Smith Colleges, Geneva, NY 14456-3397**

**(315) 781-3103 • Fax (315) 781-4325 • E-mail: [events@hws.edu](mailto:events@hws.edu)**

**[www.hws.edu/offices/conferences](http://www.hws.edu/offices/conferences)**

## 4-DAY SCHEDULE

### Wednesday, July 6

9 – 11 a.m. .... Registration for teams  
Noon ..... Lunch at Scandling Center  
1 – 4 p.m. .... Training  
5 p.m. .... Dinner at Scandling Center  
6 p.m. – Dusk ..... Full-sided Games

### Thursday, July 7, and Friday, July 8

8 a.m. .... Breakfast  
8:45 – 11:45 a.m. .... Training  
Noon ..... Lunch at Scandling Center  
1:30 – 4 p.m. .... Training  
5 p.m. .... Dinner at Scandling Center  
6:30 – Dusk ..... Full-sided Games

### Saturday, July 9

8 a.m. .... Breakfast  
8:45 – 11:45 a.m. .... Training and Games  
Noon ..... Lunch  
1 – 3 p.m. .... Final Games  
3 p.m. .... Checkout

# William Smith Team Soccer Camp Registration Form

2011 Office use only Check \_\_\_\_\_ 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 Soccer 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: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Summer Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

School/Club: \_\_\_\_\_ Coach: \_\_\_\_\_

Grade in School: (2011-12) \_\_\_\_\_ Age: (as of July 11, 2011) \_\_\_\_\_  
*All rooms are doubles. To guarantee your daughter's placement with roommate, both must request each other. 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 a complete 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 #: \_\_\_\_\_

## Required Signature

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

**Please check to enroll:**

**Soccer - July 6-9**  soccer goalkeeper program

**TUITION**

**Overnight tuition: \$300** includes room, board, jersey, individualized instruction, medical insurance

**Commuter tuition: \$225** includes board, jersey, individualized instruction, medical insurance

**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 Soccer Camp**  
**Conferences and Events**  
**300 Pulteney St.**  
**Geneva, NY 14456**

Full payment is due by **June 15, 2011**.  
 The medical, insurance and 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 be given only 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.*

# 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 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 her 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 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: \_\_\_\_\_