

Hobart Lacrosse Camp 2008

LACROSSE AT HOBART COLLEGE

Hobart's lacrosse heritage is marked by national championships, coaching excellence, All-Americans, Scholar All-Americans, Lacrosse Hall of Famers, and North-South selections – campers will experience the Hobart Lacrosse tradition first-hand during their week at camp.

For more than 100 years, Hobart College and the game of lacrosse have been mentioned in the same breath. Hobart is one of only three college teams to win over 700 games, and the Statesmen have had just six head coaches since 1925. Hobart enters its tenth season at the Division I level after dominating Division III lacrosse for over 20 years, winning 16 national titles—including 13 of the 14 NCAA Division III Championships between 1980-1993. The Hobart Lacrosse program has produced over 200 lacrosse All-Americans and 100 Hobart alumni have played in the annual North-South College All-Star Game.

MISSION

The camp strives to assist the camper in his development as an athlete, citizen and student.

The staff accomplishes this mission through effective teaching, strong leadership, positive discipline and challenging competitive opportunities.

THE PROGRAM

One of the last 5 day camps with tremendous instruction and competition. Athletes will learn and develop the skills, strategies, and techniques that will enable them to take their game to the next highest level. For the skilled high school player looking for challenging competition and recruiting exposure, as well as for younger players seeking to develop their skills and master the fundamentals, the Hobart Lacrosse Camp offers an exceptional opportunity. 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, riding, clearing, offense, shooting, and the face-off).

The staff of 25-30 top college and high school athletes led by Head Coach Matt Kerwick, provides each athlete with a written evaluation designed to assist the athlete in his on-going

effort to improve his play. The Camp is recognized as the top skill camp in the country.

TUITION

- **\$525** is all inclusive (instruction, room, meals, and camp apparel). Confirmation packet will be mailed upon receipt of registration form and payment.
 - **\$625** if also attending the Goalie Mini-Camp
- Special Rates** are available for team participants, depending on the size of your group.
- Limited Enrollment:** To ensure quality instruction and maximum participation, the camp will have a limited enrollment. Each athlete will receive a team jersey and a Brine gift.

MEDICAL SERVICES

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

STAFF

Head Coach Matt Kerwick '90 returned to his alma mater in 2001 and has had a considerable



impact on the lives of Hobart men during his short tenure. In three seasons, he has led the Statesmen to their 24th and 25th NCAA Tournament appearances and a second Patriot League championship, while mentoring 16 All-Patriot League selections.

Assistant Coach

T.W. Johnson joined the Hobart staff in 2006, following three seasons as the head coach at Limestone College. He brings a tremendous experience and leadership to the Statesmen program. As the leader of a national champion at Limestone, we know he is prepared to help Hobart continue its climb to the top of Division I Lacrosse.

Jim Morrissey The former Syracuse captain and All American joined the Statesmen in 2006. A great teacher and offensive coach for Hobart after stints at Cornell and Syracuse.

Ben Wineburg Goalie Guru! The head coach at SUNY Brockport, Ben is regarded as one of the top goalie coaches in the country. Known for producing collegiate caliber goalies each year. The Hobart Lacrosse Camp will take you to new heights as the leader of your team's defense.

Numerous D-III, D-II, and D-I coaches make up one of the best groups of teachers in the game.

For more information on our coaching staff, please visit: www.hws.edu/statesmen/lacrosse/staff.asp

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, including an indoor pool and outstanding meals. The camp has access to 10 grass fields, an AstroTurf 12 field and a full-size indoor field. Athletes also enjoy access to the College's indoor pool, basketball courts, tennis courts and strength training room. From legendary Boswell Field, home to the Hobart Statesmen, to the new state-of-the-art AstroTurf of McCooey Field, Hobart College's lacrosse facilities are second to none.

CAMPERS AND COACHES FOR CHARITY

For nearly 22 years Campers & Coaches for Charity has been providing generous support to community charities such as the Children's Library of the Geneva Public Library, the youth lacrosse program of the Boys & Girls Clubs of Geneva and Camp Good Days and Special Times.

The Hobart Goalie Mini-Camp

July 12-13

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 while preparing you for a first-class week at the Hobart Lacrosse Camp.

Features:

1. Comprehensive instruction and drills on all aspects of goalie play
2. Individual on-field video analysis and written evaluation
3. A perfect way to prepare for a week that will be balanced with competition and teaching

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 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: _____

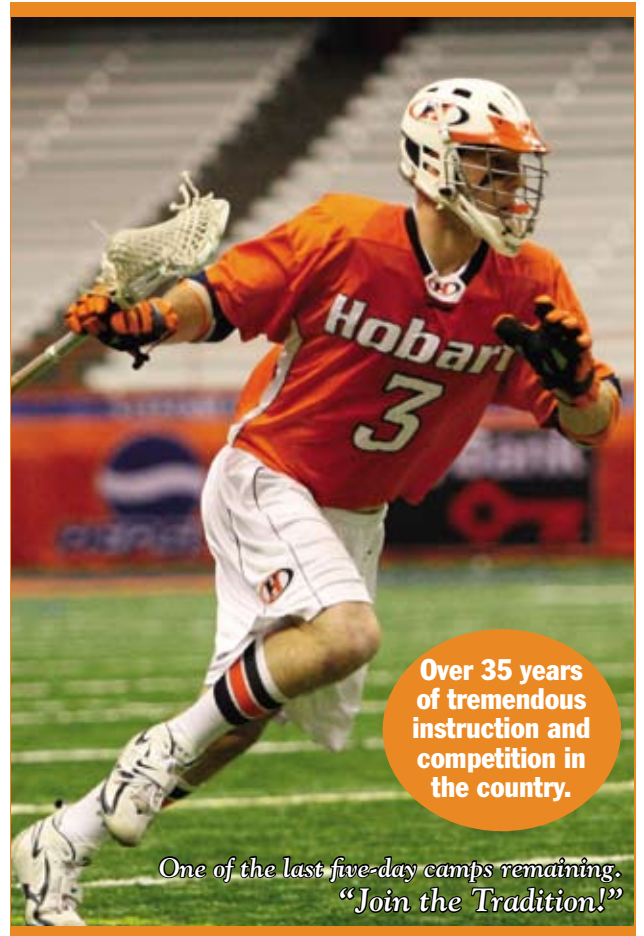
Physician's Signature (needed only for prescription medications): _____ Date: _____

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



HOBART COLLEGE LACROSSE CAMP

For Boys Ages 10-18



Over 35 years of tremendous instruction and competition in the country.

One of the last five-day camps remaining.
"Join the Tradition!"

Goalie Only Session: July 12-13
Session I: July 13-17

www.HobartLacrosseCamp.com

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- Before mailing did you remember to:**
1. Check session(s) attending?
 2. Include the parental signatures on both sides of application?
 3. Include full payment with application?

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

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, Hobart and William Smith Colleges, 300 Putney Street, Geneva, NY 14456

Camper Name: _____

Address: _____

Home Phone: _____

E-mail Address: _____

Parent Name: _____

Alternate Contact in case of emergency: _____

Emergency Contact Phone: () _____

School Name: _____

Grade in School (2008-09) _____

Age: (as of July 11, 2008) _____

Check Session(s) Attending		
Session/Description	Dates	Price
<input checked="" type="checkbox"/> Session I Indiv. Camp	July 13-17, 2008	\$525
<input type="checkbox"/> Mini Goalie Camp ONLY	July 12-13, 2008	\$145
<input type="checkbox"/> Combo Goalie/ Individual Camp	July 12-17, 2008	\$625

Check Position (one)

Attack Midfield Defense Goalie

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.

All rooms are doubles. To ensure your son'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 current immunization record.

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

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 tracks and/or 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/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 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/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.

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 camps)

Group Discount:

\$505 for LAX Camp GROUP (10+ players from the same team)

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

Maid registration form and payment to
Hobart Lacrosse Camp
Conferences and Events Office
300 Putney Street
Geneva, NY 14456