# HAMILTON Sports Day Camp

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

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**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  
Camp applications can be found at:  
http://www.hamilton.edu/sumercamps

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**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.

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**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.

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**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*

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**Sample daily schedule:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-8:45</td>
<td>Drop-off at Tennis Courts</td>
</tr>
<tr>
<td>8:45-9:00</td>
<td>Attendance/Warm-up Activity</td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>Games as above</td>
</tr>
<tr>
<td>10:30-11:15</td>
<td>Swimming</td>
</tr>
<tr>
<td>11:30-12:15</td>
<td>Lunch*</td>
</tr>
<tr>
<td>12:30-1:45</td>
<td>Movie/Board Games in Science Center</td>
</tr>
<tr>
<td>1:45-3:45</td>
<td>Games as above</td>
</tr>
<tr>
<td>3:45-4:00</td>
<td>Pick-up at Tennis Courts</td>
</tr>
</tbody>
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- Swimming
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- Dodge Ball
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- Golf Putting

THE TYPICAL DAILY SCHEDULE

Sample daily schedule:

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3:45-4:00  Pick-up at Tennis Courts

*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: stetson@hamilton.edu
http://www.hamilton.edu/summercamps
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.

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 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.
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.)

☐ All-Sport Day Camp • Check Session ☐ 1 ☐ 2
☐ Day Basketball Camp (Coed)
☐ Hamilton Elite Skills Basketball Camp Boys
☐ Field Hockey Camp for Girls
☐ College Prospect Hockey Camp Boys
☐ Boys Youth Hockey Camp
☐ Girls Youth Hockey Camp
☐ Girls Ice Hockey Goalie Camp
☐ Aqua Kids Days Camp
☐ Girls Ice Hockey Prospect Camp
☐ Excel Lacrosse Camp Boys
☐ Boys Lacrosse Prospect Camp
☐ All American Soccer Camp (Coed)
☐ Girls Soccer Camp
☐ Softball Camp
☐ Squash Camp
☐ Competitive Swim Camp • Check Session ☐ 1 ☐ 2 ☐ 3
☐ 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

____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
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:

1. Had any recent injury, illness or infectious disease? □  □  Please explain “Yes” Answers below: ____________________________________________

2. Have a chronic or recurring illness/condition? □  □

3. Ever been hospitalized? □  □

4. Ever had surgery? □  □

5. Have frequent headaches? □  □

6. Ever had a head injury? □  □

7. Ever been knocked unconscious? □  □

8. Wear glasses, contacts or protective eye wear? □  □

9. Ever had frequent ear infections or loss of hearing? □  □

10. Ever passed out during or after exercise? □  □

11. Ever been dizzy during or after exercise? □  □

12. Ever had seizures? □  □

13. Ever had chest pain during or after exercise? □  □

14. Ever had high blood pressure? □  □

15. Ever been diagnosed with a heart murmur/disease? □  □

16. Ever had back problems? □  □

17. Ever had problems with joints (e.g. knees, ankles)? □  □

18. Have any skin problems (e.g. itching rash, acne)? □  □

19. Have diabetes? □  □

20. Have asthma? □  □

21. Use an inhaler? □  □

22. Had problems with diarrhea/constipation? □  □

23. Had mononucleosis in the past 12 months? □  □

24. Have an orthodontic appliance being brought to camp? □  □

25. Have an absence of a paired organ? □  □

26. Diagnosed with an emotional disorder? □  □

27. Diagnosed with a psychiatric disease/disorder? □  □

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. ______________________________________________________

____________________________________________________
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.).

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage &amp; Schedule</th>
<th>Indications (why needed)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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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.