BOYS BASKETBALL CAMP

Day Camps
July 9-13, 2012
July 16-20, 2012

SAINT MICHAEL'S COLLEGE FOUNDED 1904
Athletic Department
One Winooski Park, Box 258
Colchester, Vermont 05439

Non-Profit
Organization
U.S. POSTAGE
PAID
Burlington, VT
05401
Permit No. 154

SAINT MICHAEL'S COLLEGE FOUNDED 1904

SAINT MICHAEL'S COLLEGE BOYS BASKETBALL CAMP HEALTH FORM

In case of emegency contact: _____ Phone: _____

I understand our family will provide insurance coverage if our son/daughter is injured while participating in a Saint Michael's College Sports Camp.
Health Insurance:

Company: _____

Policy #: _____

Family Doctor: _____

I hereby state that my son/daughter is in good health and may participate in the Saint Michael's College All Sports Camp. I also give permission to the attending health professional, in case of emergency, to allow my son/daughter to be treated in the hospital emergency room, if necessary.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Please list any special health problems or special circumstances:

_____

_____

_____

Return to: Saint Michael's College Summer Camps, Athletic Department, One Winooski Park, Box 258, Colchester, Vermont 05439

GENERAL INFORMATION

CAMP DIRECTOR

Michael Harding, former Associate Head Coach at Division II Stonehill College in Easton, MA, was named the 21st head coach in SMC history back on April 15, 2010. In his first two seasons at the helm of the Purple Knights, the team has won 24 games including a first round victory in the Northeast 10 Conference Tournament, a feat which hadn't been done since 2007. In his first year, Coach Harding lead the team to a 13 wins, including a road victory against the top ranked team in the region, Bentley University. The win total would be programs most since 2006-2007 and the second highest win total since the 2000-2001 NCAA Sweet 16 team. The Knights were also ranked as one of the best defensive teams in the Conference.

ASSISTANT CAMP DIRECTOR

Jon Rock, a native of South Burlington, finished his first season on Coach Harding's staff in 2011-2012. Prior to joining the Purple Knights, Jon was the top assistant for four seasons at his alma mater, Norwich University. During the 2006-2007 season, Jon helped lead Rice Memorial High School to the Vermont Division I State Championship. Rock has also been a counselor at different camps around the region including Five Star Basketball Camp in NH, MA & PA.

COACHING STAFF

Our coaching staff will consist of Saint Michael's players and coach's.

EQUIPMENT

All campers will provide their own shorts, shirts, swimsuit, towel, combination lock, water bottle, and sneakers. All campers must have two pairs of shoes—one pair to be worn for inside activities, and the other to be worn outside. Outdoor footwear and/or black-soled sneakers will not be permitted on indoor courts.

FORMS

- Complete the attached registration form. Incomplete forms will be returned.
- Complete the Statement of Health form on reverse side.

MEDICAL/INSURANCE

An athletic trainer is on duty while camp is in session. Coverage by family or other health and accident insurance is required.

MEALS

Lunch will be provided for our full-day campers in our campus dining facility and is included with the camp fee.

FULL-DAY CAMPS

- Offered for boys ages 7-17 years old.
- Monday through Friday, 9:00 a.m. to 3:30 p.m.
- Opportunity to use swimming pool.

CAMP INFORMATION

OBJECTIVE

To provide the athlete with the opportunity to learn the fundamentals of basketball. Campers will be instructed using group methods and team orientation. Games will be played each day to reinforce drills, lectures and demonstrations. Campers are assigned to a level based on age, size and experience.

FEES

- Day Camp: $240.00 per week (5 full days and includes lunch)
- Make checks payable to Saint Michael's College
- Fee includes meal, camp t-shirt and awards

DEPOSIT/CANCELLATION/ REFUNDS

A $100 deposit per camp is required and should accompany your application. $25 of the total deposit is non-refundable. The balance is refundable up to one month prior to the start of camp. No refunds will be given to campers who voluntarily leave camp or who are sent home for disciplinary reasons.

YOUR CANCELED CHECK CONFIRMS YOUR ENROLLMENT IN THE CAMP THAT YOU CHOSE.

Please note: incomplete applications will be returned and processing delayed.

Any registration received/postmarked after the deadline date will need to add an additional $25.00. This will also apply to any walk-ins the day of camp registration.

REGISTRATION

Tarrant Recreation Center at 8:30 a.m., first day of camp.

DATES & TIMES

Monday through Friday, 9:00 a.m.-3:30 p.m., July9-13, July 16-20, 2012.

FOR FURTHER INFORMATION, PLEASE CONTACT:

Jon Rock, Assistant Camp Director
Athletic Department, Saint Michael's College
One Winooski Park, Box 258, Colchester, Vermont 05439
802.654.2739 • jrock@smcvt.edu
www.smcvt.edu/athleticcamps

SAINT MICHAEL'S COLLEGE FOUNDED 1904

SAINT MICHAEL'S COLLEGE BOYS BASKETBALL CAMP APPLICATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ T-Shirt Size (*circle one*): ____ Child: L ____ Adult: S M L ____

Grade entering in fall: _____ School: _____ Age (*at time of camp*): _____

Name of parent/guardian: _____ Parent's day/work phone: _____

E-mail for confirmation: _____

A deposit of $100 is required for EACH WEEK OF CAMP your child will be attending.
The balance of camp fees paid upon registration. Please complete statement of health form on other side. $25/camp is non-refundable.

Please indicate the session desired for camp:

____ Day camp ($240) / July 9-13, 2012 (Application due July 2, 2012)
____ Day camp ($240) / July 16-20, 2012 (Application due July 12, 2012)

Signature of parent/guardian: _____

Any registration received/postmarked after the deadline date will need to add an additional $25.00. This will also apply to any walk-ins the day of camp registration.

Please make checks payable to Saint Michael's College and return to:
Saint Michael's College Summer Camps, Athletic Department, One Winooski Park, Box 258, Colchester, VT 05439

Office Only: Date Rec'd: _____ Amount Pd: _____ Check #: _____ Amount Due: _____ Initials: _____