

Girls Lacrosse Camp




Day Camp

Monday through Friday

June 22-26, 2009

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


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



SAINT MICHAEL'S COLLEGE GIRLS LACROSSE CAMP HEALTH FORM

In case of emergency contact: _____ Phone: _____

I understand our family will provide insurance coverage if our daughter is injured while participating in the Saint Michael's College Girls Lacrosse Camp:

Health Insurance:

Company: _____

Policy #: _____

Family Doctor:

I hereby state that my daughter is in good health and may participate in the Saint Michael's College Girls Lacrosse Camp. I also give permission to the attending health professional, in case of emergency, to allow my son 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

Carla Hesler, Saint Michael's College Women's Lacrosse Head Coach; Former Head Women's Lacrosse at Colgate University, and Assistant Lacrosse coach at Yale University. Coach Hesler is a former two-sport athlete at University of University of New Hampshire, and is a member of their Athletic Hall of Fame.

COACHING STAFF

Our staff will include Saint Michael's College coaches, and other college coaches and area high school coaches. Local college players will also serve as instructors.

EQUIPMENT

All campers will provide their own shorts, shirts, swimsuit, towel, combination lock, water bottle, and sneakers/cleats. 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. In addition, each camper must provide their own eye guards lacrosse stick and a mouthguard. Goalkeepers must provide their own equipment.

FORMS

- You must complete the attached registration form. Any form not completely filled out 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 CAMP

- Offered for girls entering grades 5-10.
- Monday through Friday, 9:00 a.m. to 3:30 p.m.
- Opportunity to use swimming pool.

For information on other camps, as well as printable applications and brochures, please visit our Web site:

www.smcvt.edu/athleticcamps

Camp Information

OBJECTIVE

To create a positive and encouraging environment that will enable players to learn about the exciting and challenging game of lacrosse. Training sessions will focus on individual skill development and will provide athletes with a variety of team tactics. Campers will be assigned to a level based on age and experience.

FEES

- \$205.00 per week (5 full days) *(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. **CONFIRMATION: 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, June 22, to Friday, June 26, 2009, 9:00 a.m.-3:30 p.m.



FOR FURTHER INFORMATION, CONTACT:

Carla Hesler, Camp Director

Athletic Department, Saint Michael's College
One Winooski Park, Box 258 ■ Colchester, Vermont 05439

802.654.2634 ■ chesler@smcvt.edu



SAINT MICHAEL'S COLLEGE GIRLS LACROSSE 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: _____

Years of playing experience: _____ Position: _____

The balance of camp fees paid upon registration. Please complete statement of health form on other side. (\$25/camp is non-refundable.)

Fee:	Day Camp	(\$205)	Application Deadline:	June 8, 2009
			Dates:	June 22 to June 26, 2009

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.

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

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