



ALL SPORTS CAMPS

Day Camps
July 19–23, 2010
August 2–6, 2010



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 ALL SPORTS CAMP HEALTH FORM

In case of emergency 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:

GENERAL INFORMATION

CAMP DIRECTOR

Chris Davidson enters his 11th season as a college hockey coach. In addition to his work at the collegiate level, Davidson has worked at various USA Hockey Select Regional Camps. Since 2002, Davidson has been a member of the Player Development and Select Coaching Staff for the New England District. Since the summer of 2007, Davidson served as a coach for the USA Under-17 Select Festival in Saint Cloud, Minnesota. In April of 2007, Davidson was elected to the American Hockey Coaches Association (AHCA) Board of Governors.

A Clinton, N.Y. native, Davidson graduated from Saint Michael's in 1999 with a bachelor's degree in English Literature and a Master's degree in Business in 2006. A former forward for the Saint Michael's, Davidson was a four year letter winner and captain of the 1998-99 team that captured the NCAA Division II National Championship. He was named to the NCAA All-Tournament team for scoring a goal and an assist in the Championship game. As a member of one of the most successful teams to ever wear the Purple Knight uniform, Davidson and his classmates amassed a total of 65 wins over their career. Davidson and his classmates were members of four teams that reached the ECAC Championships during their time. Davidson's playing career also extended to the Southern Professional Hockey League, as he played for both Macon (Ga.) and Pee Dee (S.C.).

COACHING STAFF

Our staff will include Saint Michael's students and other local 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.

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 and girls ages 7-13 years old.
- Monday through Friday, 9:00 a.m. to 3:30 p.m.
- Emphasizes participation in a variety of team sports and recreational activities.
- Opportunity to use swimming pool.

CAMP INFORMATION

OBJECTIVE

Children will be given the opportunity to explore a variety of team and individual sports. Emphasis will be placed on participation and understanding the general rules of each sport. Some of the sports to be covered include basketball, floor hockey, soccer, volleyball and large group games.

FEES

- Day Camp: \$225.00 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, July 19, 9:00 a.m. to Friday, July 23, 2010, 3:30 p.m.
- Monday, August 2, 9:00 a.m. to Friday, August 6, 2010, 3:30 p.m.

FOR FURTHER INFORMATION, PLEASE CONTACT:

Chris Davidson, Camp Director
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802.654.2506 • cdavidson@smcvt.edu
www.smcvt.edu/athleticcamps



SAINT MICHAEL'S COLLEGE ALL SPORTS CAMP APPLICATION

Name: _____ Male/Female (circle one) Date of Birth: _____

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

Home phone: _____ T-Shirt Size (circle one): _____ Child: M 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 (\$225) / July 19-23, 2010 (Application due July 5, 2010)
____ Day camp (\$225) / August 2-6, 2010 (Application due July 19, 2010)

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: _____