



GIRLS FIELD HOCKEY CAMP

Day Camp
August 2–6, 2010

Overnight Camp
SUNDAY THROUGH THURSDAY
July 25–29, 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 GIRLS FIELD HOCKEY 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

Carla Hesler, Saint Michael's College Field Hockey Coach: 2002 NE-10 Co-Champs; 2001 NE-10 Co-Champs and NCAA Semifinalists; 2000 NE-10 Regular Season Champions, NCAA Semifinalists; 2000 NFHCA Division II Regional Coach of the Year; US Field Hockey Development Coach; Futures Program Coach; University of New Hampshire Hall of Fame inductee.

COACHING STAFF

Our staff includes Saint Michael's College, other college head coaches and high school coaches. 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 shin guards, mouth guards, goal keeping equipment and field hockey stick.

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.

HOUSING INFORMATION

Overnight resident campers will be housed in a residential hall, double occupancy. We will attempt to honor roommates requests, and others will be assigned appropriately. Note: no linens will be provided.

MEALS

- Day Camp: Lunch will be provided in the campus dining facility and is included with the camp fee.
- Overnight Camp: First meal is dinner on Sunday night. Last meal is breakfast on Thursday.
- Commuters: Will have lunch and dinner each day.

CAMPS

- Day Camp: Offered for girls entering grades 5-10 in the fall. Monday through Friday, 9:00 a.m. to 3:30 p.m.
- Overnight Camp: Offered for girls entering grades 9-12 in the fall. Sunday, 12:00 p.m. through Thursday, 12:00 p.m.
- Overnight/commuter drop off (8:30 a.m. Monday through Thursday) and pick-up (8:00 p.m. Sunday through Wednesday) at the Tarrant Recreation Facility.
- Opportunity to use swimming pool.

CAMP INFORMATION

OBJECTIVE

The Saint Michael's Field Hockey camp is designed for every player to learn and improve her skills in a positive and enthusiastic hockey environment. Athletes are encouraged to be open to learning new skills and challenge themselves through repetition and small game play. Mistakes are part of the game and learning through risk taking is part of the fun! Our goal is for each athlete to improve every day and enjoy learning in an upbeat atmosphere.

FEES

- Day Camp: \$225.00 per week (5 full days and includes lunch)
- Overnight Camp: \$375.00 Resident Camper (includes all meals and housing)
\$295.00 Commuter Camper (includes lunch and dinner)
- Make checks payable to Saint Michael's College
- Fee includes meals, 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

- Day Camp: Tarrant Recreation Center at 8:30 a.m., first day of camp.
- Overnight Campers: Tarrant Recreation Center at 12:00 p.m., first day of camp.
- Commuters: 1:30 p.m., first day of camp.

DATES & TIMES

- Day Camp: Monday, August 2, 9:00 a.m. to Friday, August 6, 2010, 3:30 p.m.
- Overnight Camp: Sunday, July 25, 12:00 p.m. through Thursday, July 29, 2010, 12:00 p.m.

FOR FURTHER INFORMATION, PLEASE 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
www.smcvt.edu/athleticcamps



SAINT MICHAEL'S COLLEGE GIRLS FIELD HOCKEY 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: _____ Position: _____ Years of experience: _____

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) / August 2-6, 2010 (Application due July 19, 2010)
____ Overnight camp (\$375) _____ Commuter (\$295) / July 25-29, 2010 (Application due July 5, 2010) Roommate request (optional) _____

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: _____