



**Hamilton** 198 College Hill Road  
Clinton, New York 13323-9989

## Summer Basketball Camps



# HAMILTON SUMMER BASKETBALL CAMPS

*We want to make you a better basketball player!*

*Session Dates:*

**Day Camp: August 2-5, 2010;**  
**College Prospect Basketball Camp:**  
**August 6-8, 2010**

*For further information, please contact:*

Head Coach, **Tobin Anderson** • 315-859-4277

Email: [tanderso@hamilton.edu](mailto:tanderso@hamilton.edu)

Hamilton College Athletics

198 College Hill Road, Clinton, New York 13323-9989

[www.hamilton.edu/athletics/summercamps.html](http://www.hamilton.edu/athletics/summercamps.html)



# Summer Basketball Camps Mission

The Hamilton College Summer Basketball Camps strive to be some of the best teaching camps in the country. To be a great player at the high school and college level, you have to work on your game every day and develop the skills that it takes to play at a high level. The goal of our camp is simple: **we want to make you a better basketball player.** We will spend a great deal of our time working with you individually and in small groups on the drills and skills you need to become a better player, and most importantly, when you leave camp, you will know what you have to do on a daily basis to do just that!

**Day Camp • August 2-5 • 9 a.m.-4 p.m.;**

**For boys and girls going into grades 3-8.**

**Cost: \$150.00 per camper**

Payment: Fees include lunch. All campers will receive a camp t-shirt. All check should be made payable to **Trustees of Hamilton College**. A \$50.00 deposit 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 is due at registration. Deposits are refundable (except \$25 handling charge) until fourteen days before the camp start date. After that date deposits are available only if we are able to fill the space from the waiting list, or a physician's statement indicating inability to participate. There will be no refunds for expulsion or voluntary withdraw.

**First Day Registration: 8 a.m. - 9 a.m.**

## Day Camp Schedule:

8:00-9:00 am	Open gym
9:00-9:30 am	Warm-up and stretching
9:30-10:45 am	Stations
10:45-11:30 am	Individual competitions
11:30 am-12:30 pm	Lunch
12:30-1:15 pm	Film
1:15-3:30 pm	Games/stations
3:30-4:00 pm	Individual competitions

**Last Day Camp Ends: 4 p.m. (Thurs., Aug. 5)**



**College Prospect Basketball Camp • August 6-8;**

**For boys going into grades 9-12.**

**Overnight Cost: \$350 per camper;**

**Commuter Cost: \$275 per camper**

*College Prospect Basketball Camp is a specially designed basketball program for boys in grades 9-12 who have the desire and potential to play college basketball.*

Payment: Commuter fees include lunch and dinner. Overnight camp fees include all meals (breakfast, lunch and dinner) and housing. All campers will receive a camp t-shirt. All checks should be made payable to **Trustees of Hamilton College**. A \$50 deposit 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 is due at registration. Deposits are refundable (except \$25 handling charge) until fourteen days before the camp start date. After that date deposits are available only if we are able to fill the space from the waiting list, or a physician's statement indicating inability to participate. There will be no refunds for expulsion or voluntary withdraw.

## College Prospect Basketball Camp Schedule

### DAY 1

10:00-12:00 noon	Registration
1:00 pm	Camp Begins

### DAY 2

7:30-8:30 am	Wake-up and breakfast
9:00-11:00 am	Drills and skill work
11:00-12:00 noon	League games
12:00-1:00 pm	Lunch
1:00-2:00 pm	Optional individual instruction
2:00-4:00 pm	Drills and skill work
4:00-4:30 pm	1-on-1, 2-on-2, 3-on-3 leagues
5:30-7:00 pm	Dinner
7:00-9:00 pm	League games
9:00-10:00 pm	Camper/counselor games

### DAY 3

7:30-8:30 am	Wake-up and breakfast
8:30-10:00 am	Finals of all competitions
10:00-11:00 am	All-Star Games
11:30-12:00 noon	Award ceremony and dismissal
12:00 noon	Camp Ends

# THE STAFF



## Tobin Anderson, Head Coach

Tobin Anderson just finished his 6th season as the Hamilton College head coach. In his six years, Coach Anderson has led the Hamilton program to three Liberty League championships and an overall record of 102-53. The Hamilton basketball program has been a perennial post-season team and has produced 13 All-Americans in the past 34 years.

Before Hamilton, Coach Anderson was the Head Coach at Clarkson University where he guided his teams to the three most successful seasons in school history and the only three post-season bids in the history of the program. In his six seasons as a Head Coach, six of his players have been named All-Conference and four have been named All-Region.

Coach Anderson has run camps in Turkey and Hawaii, has lectured at camps all across the country including the Duke Basketball Camp, and has worked and lectured at the prestigious Five-Star basketball camps for the past 10 years. He has worked individually with NBA stars Elton Brand, Ron Artest, and Jason Williams and numerous major college players. Coach Anderson has developed two instructional videotapes, "Tobin Anderson's Individual Workout Tape" and the "Five-Star Station Tapes with Hubie Brown."

Coach Anderson was a four-year starter, two-year captain, and graduated the 4th all-time leading scorer at Wesleyan University.

### Letter from Coach Anderson:

*The Hamilton College Summer Basketball Camps are for players who are serious about basketball. Our facilities are fantastic and we will have an excellent staff of college and high school coaches and college players. We will cover all aspects of becoming a better player from strength and speed development to nutrition to the intangibles necessary to play at high level. In addition, we will offer a simulated college practice and a tremendous amount of individual development time. We hope you can join us at a Hamilton Summer Basketball Camp this summer.*

***Yours in basketball,  
Tobin Anderson***

### Camp Staff:

We have been very fortunate to bring together an outstanding staff. These professionals are known for their ability to instruct the mental and physical skills needed to develop fundamentally sound players.

Instruction is done by college coaches and players and will include, but not be limited to, offensive skills such as shooting, ball-handling, passing, footwork, screening, and cutting-- all the skills and techniques that are needed to become the best basketball player that you can be!



### For further information, please contact:

Tobin Anderson, Head Basketball Coach  
315-859-4277 or email [tanderso@hamilton.edu](mailto:tanderso@hamilton.edu)  
198 College Hill Road, Clinton, New York 13323-9989



# HAMILTON SUMMER BASKETBALL CAMPS

We want to make you a better basketball player!

Application Form: Complete and return this form with your deposit.

Day Camp (Boys & Girls): August 2-5, 2010 - Program Cost: \$150

College Prospect Basketball Camp (Boys): August 6-8, 2010

Program Cost:  Commuter \$275;  Overnight \$350

Name of Applicant \_\_\_\_\_ M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 9/09 \_\_\_\_\_ Grade entering in Sept. \_\_\_\_\_

School Attended \_\_\_\_\_ Coach's Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size (Circle One) M L XL

Parent's Signature: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Parent's Email: (Optional) \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my child to be photographed or videotaped. Please initial here: \_\_\_\_\_

ENCLOSED IS: \_\_\_\_\_ My child's completed Health Record (inside this brochure)

\_\_\_\_\_ \$50 non-refundable deposit\*

\*Please make checks payable to: **Trustees of Hamilton College**

\_\_\_\_\_ Copy of Insurance Card

\_\_\_\_\_ Parental Permission/Hold Harmless Agreement

(Make checks payable to **Trustees of Hamilton College**)

If I'm accepted, I promise to conform to the regulations of the Hamilton College Summer Basketball Camp

\_\_\_\_\_ Camper's Signature

Complete and return application form, along with deposit, health record, copy of insurance card and parental permission/hold harmless agreement to:

**Tobin Anderson, Director, Hamilton College Basketball**

198 College Hill Road, Clinton, NY 13323-9989

## THE LOCATION

Hamilton College is located in central New York, one and one-half miles from the village of Clinton and nine miles southwest of the city of Utica. Those arriving by car from the New York City area, New England or points west of Utica can best reach the college via the New York State Thruway (Interstate 90, Exit 32 Westmoreland). For those who wish to come by rail, Amtrak has daily scheduled service to Utica, where taxi service is available to Clinton. Both Greyhound and Trailways offer bus service to Utica. Air service is available to all major American cities via Syracuse, which is 50 minutes from campus, or Albany, which is 1 1/2 hours from campus.



## THE CAMPUS and ADDITIONAL WORK-OUT LOCATION



The attractive campus is located on 350 wooded acres in central New York overlooking the Oriskany and Mohawk Valleys, and features excellent learning and recreational facilities and modern dormitory accommodations. Our academic and athletic facilities are among the best.

Hamilton offers varsity programs in basketball, cross country, crew, field hockey, lacrosse, soccer, softball, squash, swimming and diving, tennis, track and field (indoor and outdoor) and volleyball.

Camps are held in the Margaret Bundy Scott Field House, a 55,000-square-foot multipurpose athletic structure that contains three regulation-size basketball courts and seats 2,000 spectators. It houses a six-lane, 200-meter running track and indoor courts for tennis, handball, racquetball, squash and volleyball. **Because of construction this summer, instructional sessions will be held at Hamilton College Alumni Gym and the Clinton High School gym.**

Other Hamilton College athletic facilities include: hockey rink, all-weather turf, racquetball courts, classrooms, indoor track, outdoor track, nautilus weight-room, Olympic weight-room, squash and tennis courts, golf course, training room, fitness center, swimming pool and acres of fields.

# Hamilton College Summer Camp Health Record

***Participation is prohibited without this completed form.***

Health Form must be received no later than 10 days prior to camp start date.

Camp(s) Attending: \_\_\_\_\_ Session or Camp Dates: \_\_\_\_\_

(One form allows camper to participate in multiple camps, but list all camps above.)

Campers Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Boy  Girl

Primary contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (Other): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy/ID No.: \_\_\_\_\_ Insurance Co. Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

***Please include a photocopy of your health Insurance card.***

***A physician must sign below for any medications listed.***

**MEDICATIONS AT CAMP:** Is it necessary to administer medication at camp?  YES  NO

Medications and dosages: Please list any Prescription or over the counter medications the child routinely takes or will require at camp:

DRUG	DOSAGE	SCHEDULE & INDICATIONS	CAMPER HEALTH CARE PROVIDER ORDER?	COMMENTS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Tums (chewable)		_____	Yes No	_____
Ibuprofen (oral)	200 mg	_____	Yes No	_____
Acetaminophen (oral)	325 mg	_____	Yes No	_____
Acetaminophen (chewable)	160 mg	_____	Yes No	_____

All medication MUST be in its original container with an accurate pharmacy label and MUST be accompanied by physicians orders.

All medications MUST be given to the Medical Director or representative at check-in. This policy applies to OVER-THE-COUNTER and PRESCRIPTION medications!

Allergies to Medications: \_\_\_\_\_

Medical conditions, even if controlled (diabetes, seizures, etc.) \_\_\_\_\_

Date of most recent immunizations: Tdap \_\_\_\_\_, MMR #1 \_\_\_\_\_, MMR #2 \_\_\_\_\_,

Poliomyelitis series \_\_\_\_\_, Hemophilus Influenza Type B \_\_\_\_\_, Menactra \_\_\_\_\_.

Varicella (Chicken Pox) #1 \_\_\_\_\_ #2 \_\_\_\_\_.

I have examined \_\_\_\_\_ and hereby certify he/she is able to participate in athletic activities.

\_\_\_\_\_  
\*Physicians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\*You may attach a recent copy (within the past year) of a school physical (with physicians signature) if your child has no new medical conditions that limit his or her participation in sport activities. Complete immunization records should also be attached.

## 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 or 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.***



# Hamilton

## 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.**