



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

## All-American Soccer Camp



# HAMILTON

## All-American Soccer Camp

Top Flight Instruction from Outstanding Coaches,  
Excitement, Friendship and Good Times

*Camp for Boys & Girls Ages 10-18*

*Session Dates:*

**July 25-July 29, 2010**

*For further information, please contact:*

***Perry Nizzi, Camp Director***

Hamilton College Athletics  
198 College Hill Road, Clinton, New York 13323-9989  
Telephone: (315) 859-4756  
Email: [pnizzi@hamilton.edu](mailto:pnizzi@hamilton.edu)  
[www.hamilton.edu/athletics/summercamps.html](http://www.hamilton.edu/athletics/summercamps.html)



# CAMP PROGRAM HIGHLIGHTS

## A Complete Experience - Camp for Boys and Girls Ages 10-18

The All-American Soccer Camp offers camp participants high-powered instruction in technical skills and tactical strategies. Outstanding coaches work with athletes on an individual basis and provide lectures, training films, and on-the-field training. Team competition allows players to fine-tune soccer skills and develop game awareness. Hamilton College's excellent athletic facilities, which include two all-weather turf fields and eight grass soccer fields, ensure the camper plenty of training and game experience.

## Goalkeeper's Program - Dave Carter, Director

In addition to the regular soccer program, goalies can participate in a specialized goalkeeper's segment that provides the opportunity to develop and improve upon skills unique to the position and game situations.

## Other Features

- Regulation collegiate soccer ball given to each camper
- Two Camp soccer shirts
- Indoor training available
- Camp Infirmery on site
- Free snacks - drinks, ice cream etc.
- Camp soccer shorts
- Eight-lane indoor swimming pool
- Certified trainer on duty



# DAILY TRAINING SCHEDULE

8:00 a.m.	Breakfast
8:30 a.m.	Day Campers arrive
9 to 11 a.m.	Technical coaching and Individual skill instruction
12:00 noon	Lunch
1:00 p.m.	Recreation time, swimming, etc.
2 to 4 p.m.	Tactical coaching and Soccer "theme" games or World Cup Tournament
5:00 p.m.	Dinner
6:30 p.m.	Full-Sided Games
8:30 p.m.	Recreation - Movies & Snacks
8:30 p.m.	Day Campers depart
10:30 p.m.	Lights out



# COST OF THE PROGRAM, REGISTRATION, ARRIVAL/DEPARTURE TIME, TO APPLY

## Cost of the Program

The total cost for the July 25-July 29, 2010, Hamilton All-American Soccer Camp at Hamilton College is \$450 for Boarders and \$385 for Non-Boarders. The fee includes use of all facilities, meals (three meals a day for Boarders, two meals for Non-Boarders), sleeping accommodations (for Boarders only), instruction, lectures, two camp shirts, camp shorts and a soccer ball.

## Registration

The Hamilton All-American Soccer Camp will begin with **registration from 11:30 p.m. to 1:30 p.m. on Sunday, July 25, 2010**, in the Alumni Gym. If you are arriving late call 315-794-4053. The first training session will take place Sunday at 2:30 p.m. **Camp will end on Thursday afternoon, July 29th at 3:00 p.m.** at Steuben Field. Enrollment is limited - so sign up today! **\*Group rates available** upon request. (Seven or more campers must be sent in together. Additions can be made.)

## Arrival and Departure Time for Non-Boarders

Non-Boarding campers are asked to arrive in front of the boys' or girls' dorm between 8:30 a.m. and 9:00 a.m. and depart between 8:00 p.m. and 8:30 p.m. Non-boarders should return to the Alumni Gym at 2:00 p.m. on Sunday, July 25th ready for their first field session.

## To Apply

To apply, simply fill out the attached application and send it with full payment or a non-refundable deposit of \$50 for Boarders or \$25 for Non-Boarders. Make checks payable to: **Trustees of Hamilton College**. All out-of-state checks must be received at least 10 days prior to the starting date.

Mail to: Hamilton All-American Soccer Camp  
Attention: Perry Nizzi, Camp Director  
198 College Hill Road, Clinton, New York 13323

# THE STAFF



## **Perry Nizzi, Camp Director**

Men's Soccer Coach and Associate Professor at Hamilton College. Coach Nizzi is in his twelfth year of an already storied head coaching career at Hamilton College. Coach Nizzi led his team to a record 6th conference playoff. His teams have reached double figures in wins seven times. Coach Nizzi's teams have compiled a record of 115-54-15, four NCAA Tournaments and four Conference Championships. Nizzi was named 2000 Conference Coach of the Year and NSCAA/Adidas Regional Coach of the Year. Coach Nizzi is a two-time NSCAA National Coach of the Year. Nizzi was also a nine-time Collegiate Regional Coach of the Year.

Nizzi's soccer teams at Herkimer County Community College won three undefeated National Championships and also hold the longest collegiate sports winning streak at 97 straight wins. Perry is an alumnus of SUNY Cortland where he starred as an All-State mid-fielder. He also received his Master's degree from Cortland. Nizzi was honored with the 1999 National Intercollegiate Soccer Officials Association Recognition Award for outstanding contributions in the field of intercollegiate soccer. Nizzi is a member of the Rome and Utica Hall of Fame.

## **Pepe Aragon Jr.**

Coach Aragon led his 2008 Herkimer CCC team to the NJCAA National Championship and Coach Aragon was named NSCAA Regional and National Coach of the Year. Two-time NSCAA/Umbro and NJCAA All-American at Herkimer County Community College. Aragon went on to star at Bowling Green University where he was an All-Conference Selection. Pepe's career continued into the pro ranks where he has played for the Canton Invaders and the Cleveland Cops. Coach Aragon's 1999 and 2000 undefeated Herkimer County Community College Team won the National Championship. Aragon is a two-time NSCAA-Adidas National Coach of the Year for 1999 and 2000. Coach Aragon was named the 2004 Northeast NSCAA Coach of the Year.

## **Tom Basile**

Coach Basile is the head coach of the Poland High School Girls' Soccer Team. Coach Basile has led his team to two conference titles and the State finals in 2000. Tom was a four year starter at St. John Fisher where he was captain and All-Conference. He was named New York State Coach of the Year in 2000.

## **Don Dutcher**

Coach Dutcher is Athletic Director at Herkimer County Community College and was an assistant coach at Hamilton College from 2000-2002. Coach Dutcher was an All-Region striker at Herkimer County Community College and an All-SUNY striker at SUNY Utica. Don has also coached both the boys' and girls' soccer teams at Herkimer High School, leading both teams to sectional bids each season.

## **Dave Carter - Goalkeepers**

Coach Carter was a Division I All-State and All-Northeast Goalkeeper at Oneonta State University. Dave is now the Director of Goalkeeping for Fuller Hamlet Soccer Club of Sutton, Massachusetts. Coach Carter was assistant coach for the 1998 and 1999 Hamilton College men. Dave is now the Goalkeeper Coach at Hamilton College.

## **Peterson Jerome**

Coach Jerome is the Head Men's Soccer Coach at SUNY Utica. Coach Jerome also led the Herkimer County Community College Women's soccer team to the regional Final 4 in his first season as head coach. Coach Jerome was a NSCAA/Umbro High School (Rockland) and College (Herkimer County Community College) All-American. Peterson was the leading goal scorer for Ohio State University for the 1998 season and a member of the 1999 Soccer America team of the week.





# HAMILTON

## All-American Soccer Camp

### For Boys and Girls 10-18

Application Form:

SHIRT SIZE: \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL  
 SHORT SIZE: \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL

Name: \_\_\_\_\_ Age: \_\_\_ M  F Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 School: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Signature of Parent or Guardian: \_\_\_\_\_  
 Parent's E-mail (Optional): \_\_\_\_\_

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

Category: \_\_\_ GOAL KEEPER TRAINING  
 \_\_\_ Boarder (dormitory-cafeteria) . . . . . \$450  
 If you have a roommate preference, please indicate.  
 Requests will be honored whenever possible.  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

\_\_\_ Non-Boarder (commuter) (includes lunch and dinner) . . . . . \$385  
 ENCLOSED IS: \_\_\_ My child's completed Health Record (inside this brochure)  
 \_\_\_ \$50 non-refundable deposit for Boarders.\*  
 \_\_\_ \$25 non-refundable deposit for Non-Boarders.\*  
 \_\_\_ Copy of Insurance Card  
 \*Please make checks payable to: **Trustees of Hamilton College**

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

Complete and return this application form, non-refundable deposit, health record form, and copy of insurance card to:  
 Hamilton All-American Soccer Camp  
 Attention: Perry Nizzi, Camp Director  
 198 College Hill Road, Clinton, New York 13323  
 Phone: 315-859-4756 • Fax: 315-859-4293

## THE LOCATION

Hamilton College is located in the Village of Clinton, New York, approximately 10 miles south of Utica and 45 miles east of Syracuse. The attractive campus, located on College Hill overlooking the Oriskany and Mohawk Valleys, features excellent learning and recreational facilities and modern dormitory accommodations. Nearby Utica is located on a main corridor of Amtrak and is provided with excellent passenger train service. Major bus company stops are also in Utica. The College is easily accessible by air, rail, bus and automobile. Boston, New York and Philadelphia are all within a five-hour drive.



## Residence Halls and Dining Facilities

The College provides many different housing options. Rooms range from singles to quads and offer accompanying lounges, recreation areas and kitchenettes. Food service is cafeteria style. Campers choose from a variety of hot entrees, vegetables, a salad bar, desserts and beverages. Unlimited seconds are offered on all items. The food is great and there is plenty of it!

## THE CAMPUS



Chartered in 1812, Hamilton enjoys a national reputation as a highly selective, independent coeducational liberal arts college.

Hamilton's facilities make possible virtually any type of organized athletics. The facilities include a 50,000 square-foot field house, an artificial turf playing field, acres of natural turf fields, 10 outdoor tennis courts, a hockey rink, racquetball and squash courts, a gymnasium, an all-weather outdoor track, a nine-hole golf course, weight rooms and training rooms.

# 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.**