



HAMILTON Excel Lacrosse Camp

Top Flight Instruction from Outstanding Coaches

Session Dates:

July 18 - July 21, 2010

For further information, please contact:

Scott Barnard

Hamilton College Athletics 198 College Hill Road, Clinton, New York 13323-9989 Telephone: 315-859-4531 Email: sbarnard@hamilton.edu www.hamilton.edu/athletics/summercamps.html

Mike Vorgang

518-372-3913 • vorgs5@yahoo.com



CAMP PROGRAM HIGHLIGHTS

A Complete Experience

Hamilton Excel Lacrosse Camp is an overnight or day camp for male lacrosse players, ages 10 to 18. Staffed by college and high school coaches and top-level collegiate players, Hamilton Excel Lacrosse Camp offers players the opportunity to learn from the best!

Camp participants are taught the techniques and fundamentals of lacrosse necessary to help them reach the next level of their game. At Hamilton Excel Lacrosse Camp, every athlete is provided with the best instruction in all aspects of the game (team play, faceoff, goalie play, shooting, defense, offense, and transition, riding and clearing). This is accomplished through fundamental work of

specific position areas at established stations in the morning, transition and fast break work in the afternoon, and games in the evening. Parents and spectators are always welcome.

Our lacrosse camp also features a camp store run by **Breakaway** Sports. The camp store will feature a wide variety of shafts, heads, gloves, helmets, etc.



Other Features

- Reversible Jersey
- Indoor training available
- Certified trainer on duty
- Eight-lane indoor swimming pool



DAILY TRAINING SCHEDULE

• Brine Lacrosse

• Radar Gun

• Camp Store

8.00 a.m.	Breakfast	2 to 4 p.m.	Group work, buildup drills,
8:30 a.m.	Day Campers arrive		game competition
9 to 11 a.m.	Technical coaching and	5:00 p.m.	Dinner
	Individual skill instruction	6:30 p.m.	Lacrosse Games
12:00 noon	Lunch	8:30 p.m.	Recreation - Movies, Pizza, Camp Store
1:00 p.m.	Recreation time, swimming, etc.	8:30 p.m.	Day Campers depart
•	Ç.		Lights out

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

Cost of the Program

The total cost for the July 18 - July 21, 2010, Hamilton Boys Excel Lacrosse Camp is \$395 for Boarders and \$300 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, films, lectures, reversible jersey.

Registration

The Hamilton Boys Excel Lacrosse Camp will begin with registration from 12:00 noon to 2:00 p.m. on Sunday, July 18, 2010. If you are arriving late call 315-430-8611. The first training session will take place Sunday at 3:00 p.m. Camp will end on Wednesday afternoon, July 21 at 4:00 p.m. Enrollment is limited - so sign up today!

Arrival and Departure Time for Non-Boarders

Non-Boarding campers are asked to arrive between 8:30 a.m. and 9:00 a.m. and depart between 8:00 p.m. and 8:30 p.m.

To Apply

To apply, simply fill out the attached application and send it with full payment or a non-refundable deposit of \$150. 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: Scott Barnard, Camp Director

Hamilton College Boys Excel Lacrosse Camp 198 College Hill Road, Clinton, New York 13323-9989

THE STAFF



Scott Barnard, Camp Director

Scott Barnard is the Head Lacrosse Coach at Hamilton College. He is ready to begin his third season with the Continentals, as the first day of practice is only weeks away. They are looking to build off last year where they made great strides when they upset the tenth ranked and undefeated team, Geneseo State. In 2005, Scott coached his Herkimer team a National Championship, the college's ninth overall. In 2003, he was the assistant coach that helped guide the Generals to an undefeated National Championship. As a lacrosse player, Scott was the captain of the 1992 and first undefeated National Championship team. At the University of Delaware, he was a team captain and a First Team All-Conference player.

Mike Vorgang, Camp Director

Mike Vorgang is the head lacrosse for the boy's varsity lacrosse team at Niskayuna High School. Mike is an eight-time Section II

champion, and a NY State Finalist. His team has won 12 consecutive division championships. Over the 15 year span of the varsity program, he has produced 19 All-Americans. Mike has been named Section II Coach of the Year 13 times and is currently ranked in the top 40 for career wins in New York State.



Andrew Kelleher is in his first season as an assistant coach with Hamilton College. Andrew was voted 2009 American East Fan's Choice player of the year while at the University of Vermont after scoring 45 points.

Mike Cuffe is in his seventh year as assistant lacrosse coach/defensive coordinator at Hamilton College. Mike has more than 35 years of lacrosse experience as a player and a coach. Prior to coming to Hamilton College, Mike served as the head men's lacrosse coach and women's soccer coach at Utica College for 15 years. A Long Island native, Mike brings unprecedented experience and a passion for teaching to the game of lacrosse.

Todd Kaiser is currently head lacrosse coach at Potsdam High School. He attended College at Herkimer where he was a First Team All-American and helped guide the Generals to a National Championship in 1995. Todd then transferred to Penn State College on an athletic scholarship and was a two-year starter for the Nittany Lions.

Frank Adamo is assistant coach at Niskayuna High School. He plays with the DeBeer Lacrosse club, and is a 2003-05 USCLA Empire Division Champion.

Jason Gifford is an assistant coach at Niskayuna High School. He was 2003 Assistant Coach of the Year and a College All-American.

Dave Trahan is head coach at Schenectady High School. He plays with the DeBeer Lacrosse Club, and is a 2003-05 USCLA Empire Division Champion.

Kevin Dayton has been head varsity coach at Ballston Spa for the past seven years. His team was the Foothills Council champions in 2004. Kevin is also the director of the Ballston Spa youth lacrosse program and the Gladiator North summer camp.

Guy Calandra has been Head Coach at Rome Free Academy High School for the past six years. As a player, Guy was an attackman for Team Reebok, winning the Empire Division League Championship.

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, 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.

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3	Ex	Excel Lacrosse Camp For Boys Ages 10-18	l Lacrosse Ca For Boys Ages 10-18	amp	
		Application Form:	::		
Name:		— Age: ——		Grade:	
Address:					
City:		State:		Zip:	
Home Phone Number: _					
School:					
School Address:					
City:		State: –		— Zip: —	
Signature of Parent or Guardian: -	nardian:			•	
Position: (Circle One)	Attack	Midfield	Defense	Goalie	
Category: Boar If you h Both pe Reques'	der (dormit lave a roomi ersons must s ts will be ho	Boarder (dormitory-cafeteria)	please indicat nce on their a	cate. ir applications.	: :
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	Parent's Email (Optional):	aphed or videotaped. Please initial here:
In case of Emergency, Notify:	Phone: Parent's Email	\Box I give permission for my child to be photographed or videotaped. Please initial here: \Box

*Please make checks payable to: Trustees of Hamilton College

Parental I

Shirt Size:

My child's completed Health Record (inside this brochure)

50 non-refundable deposit for Campers

Complete and return this application form, non-refundable deposit, health record form and copy of insurance card



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? \square YES \square 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			
	Yes No			
	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				
Poliomyelitis series, Hemophilus Influenza Ty	rpe B, Menactra			
Varicella (Chicken Pox) #1 #2	·			
I have examined and hereby certify he/she is able to participate in athletic activities.				
*Physicians Signature Da	te 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,				
Signature of Parent or Guardian:	Date:			



Hamilton College Summer Programs PARENTAL PERMISSION/HOLD HARMLESS AGREEMENT

Camper Name (Last): (First):			
-		e Print Neatly.)	
Date Of Birth/		Camp Enrolled In:	Session:
1. I give my child, identification clinic) listed above.	fied on the to	p of this form, permission to participate	in the Hamilton College Summer Program (camp or
2. I give permission for m	ıy child to go	swimming in the Hamilton College swir	mming pool (Initial if permitting.)
3. I give permission for m	ıy child to pa	rticipate in Climbing Wall instruction at	t the Hamilton College climbing wall (Initial if permitting.)
•		participating in Climbing Wall instructi brought to the Summer Program registra	ion, you must provide a helmet. Helmet must be
injury to the eyes, nose, h	nead, neck or	-	imming and climbing wall activities including: bodily rations of the joints or limbs; lacerations, concussions,
b) Being hit, struck, phys	sically challer acilities (floor	nent (bat, ball, stick, club, racquet, puck, nged or collision with other camp, climbo , goal, backboard, ground, pool, climbing	er or clinic participants.
to provide accident/medi for any and all medical ex	ical insurance xpenses assoc	for my child and do so under the policy iated with my child's participation in thi	
(NOTE: Your child will r provided below.)	10t be allowed	to participate in our camps unless your me	edical insurance provider and policy number is
Medical Insurance Provid	der:		Policy No
6. I agree that my child n	nust turn in h	is/her car keys, if applicable, to the camp	p staff at check-in if driving himself/herself to camp.
and its trustees, officers, a	agents and en	nployees from any and all liability, damag	to indemnify, and hold harmless, Hamilton College, ge and claims of any nature arising out of or in any way by the sole negligence of Hamilton College.
			is/her room locked when leaving it. Furthermore, I stolen as a result of my child not locking his/her
9. I understand that the tafter carefully reading an			that I have signed this agreement on my own free will
Parent or Guardian (pl	ease print)	Witness (please)	print)
Signature of Parent or C	 Guardian	Signature of Wit	tness
In witness whereof, this i	nstrument is		
		Date	