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, face-off, 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
- Brine Lacrosse
- Radar Gun
- Camp Store

**DAILY TRAINING SCHEDULE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m.</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>Day Campers arrive</td>
</tr>
<tr>
<td>9 to 11 a.m.</td>
<td>Technical coaching and Individual skill instruction</td>
</tr>
<tr>
<td>12:00 noon</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>Recreation time, swimming, etc.</td>
</tr>
<tr>
<td>2 to 4 p.m.</td>
<td>Group work, buildup drills, game competition</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>Dinner</td>
</tr>
<tr>
<td>6:30 p.m.</td>
<td>Lacrosse Games</td>
</tr>
<tr>
<td>8:30 p.m.</td>
<td>Recreation - Movies, Pizza, Camp Store</td>
</tr>
<tr>
<td>8:30 p.m.</td>
<td>Day Campers depart</td>
</tr>
<tr>
<td>10:30 p.m.</td>
<td>Lights out</td>
</tr>
</tbody>
</table>

**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
**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.

Excel Lacrosse Camp
For Boys Ages 10-18

Application Form:

Name: __________________________
Address: _______________________
City: ___________________________
State: __________________________
Zip: ____________________________
School: _________________________
School Address: __________________
City: ___________________________
State: __________________________
Zip: ____________________________
Signature of Parent or Guardian: _______________________
Date: __________________________

Category:

1. Boarder (dormitory-cafeteria) $395
2. Non-Boarder (commuter) $300

Enclosures:

___ My child's completed Health Record (inside this brochure)
___ $150 non-refundable deposit for Campers
___ Copy of Insurance Card
___ Parental Permission Agreement

*Please make checks payable to: Trustees of Hamilton College

Shirt Size: ______________________
In case of Emergency, Notify: ________
Phone: _________________________
Parent's Email (Optional): __________

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

Complete and return this application form, non-refundable deposit, health record form, and copy of insurance card to: Excel Lacrosse Camp, Attn: Scott Barnard, 198 College Hill Road, Clinton, New York 13323.
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.

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.

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:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DOSAGE</th>
<th>SCHEDULE &amp; INDICATIONS</th>
<th>CAMPER HEALTH CARE PROVIDER ORDER?</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tums (chewable)</td>
<td>200 mg</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen (oral)</td>
<td>325 mg</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen (oral)</td>
<td>160 mg</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen (chewable)</td>
<td>160 mg</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.