



Friday, July 24 - Sunday, July 26, 2009



Team Challenge Lacrosse Camp at Hobart College

The Brine Team Challenge Lacrosse Camp at Hobart College is a highly competitive weekend lacrosse camp located in the scenic Finger Lakes region of upstate New York. The Brine Team Challenge Lacrosse Camp provides your varsity team with the opportunity to compete against intense Canadian and United States teams while receiving top-notch instruction from top Division I, II and III coaches. It's also a tremendous recruiting opportunity - over 25 college coaches have attended the camp in past years



PHOTO BY KEN DEBOLT

2008 EVIL EMPIRE

2007 Champions: Minnesota Elite

2006 Champions: Delbarton High School

2005 Champions: Brien McMahon High School

2004 Champions: Rochester Blaze A

Participants in 2008: Webster Thomas, London Mustangs, LOSSA Lancers, Burnaby Mountain Senior, Burnaby Mountain Junior, Ohio Burning River, Evil Empire, Irish Elite, Johnson City Wildcats, St. Francis, Buffalo Lacrosse Academy, Grosse Point Select

Tuition

Tuition is \$350 and includes instruction, lodging, excellent meals, jersey and full use of Hobart facilities.

Features of The Camp

- Top competition from the U.S. and Canada
- Top-of-the-line facilities, including lighted turf and grass fields, full-size indoor field (for inclement weather), fitness center, varsity weight room, locker rooms and pool
- Strength training clinic
- College recruiting seminar
- Teams guaranteed six (6) games
- All-star showcase game on the turf
- Camp champion recognition
- Camp follows the New York State Empire Games, which provide players with the chance to be seen by many top college coaches traveling through the area
- Coaches will be paid for bringing their teams!

SCHEDULE

Friday, July 24
 Noon - 1:30 p.m. Check-In
 2:30 - 4:30 p.m. Team Practice
 6 - 9 p.m. Game 1
 9:30 p.m. Recruiting Seminar

Saturday, July 25
 9 a.m. - Noon Game 2
 2 - 5 p.m. Game 3
 6 - 9 p.m. Game 4
 9:30 p.m. Camp All-Star Game on the Turf

Sunday, July 26
 9 a.m. - 11 a.m. Playoff Games (game 5)
 Noon - 2 p.m. Final Games (game 6)

For more information please contact the Conferences and Events Office at: (315) 781-3103 • events@hws.edu • www.hws.edu/offices/conferences

To contact Hobart College Lacrosse Coach TW Johnson, call (315) 781-3715 or e-mail tjohnson@hws.edu.

www.HobartLacrosseCamp.com



Please complete both sides of this form. (see reverse)

Team Challenge Lacrosse Camp at Hobart College



REGISTRATION FORM - 2009

Camper Name: Last _____ First _____

Home Address _____ City _____ State _____ Zip _____

E-mail: _____

Parent Name: Last _____ First _____

Home Phone (____) _____ Cell Phone (____) _____

Grade in School (2008-2009) _____ Age (as of July 11, 2009) _____ School Name _____

Position: _____

Roommate (list one name) _____ All rooms are doubles.

To guarantee campers' placement with roommate, both must request each other. If you do not request a roommate, one will be randomly assigned.

Tuition: \$350/camper (U.S. funds made payable to Hobart Lacrosse Camp)

Payment Enclosed: \$350 full payment

Team Name _____

Coach's Name _____

RELEASE/ MEDICAL AUTHORIZATION

I, the undersigned, individually and as a parent(s) and guardian of the above mentioned child, a minor, ask that he/she be admitted to participate in a camp at Hobart and William Smith Colleges further known as "The Colleges." In consideration of such admission, I do hereby agree to release, discharge, and hold harmless "The Colleges," its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the said minor arising out of their attendance of the camp or in the course of competition and/or activities held in connection with said camp.

I also hereby consent to the general usage of photographs, digital images, film, videotape, or audio track, taped appearance, testimonial, written submissions, or interview of/with my minor child in connection with publicity, advertising and promotional activities containing the likeness, name and/or voice of said child by "The Colleges" or by successors for internal communications or other purposes, in any form, format, media or medium (including the Internet or other electronic means) now known or which may come into being in the future, if "The Colleges," it assigns or successors so desires. The undersigned further releases and discharges "The Colleges," its successors or assigns, from any and all claims and demands, and waives and foregoes any and all legal or equitable actions arising out of or in connection with the use of said media.

I hereby authorize emergency or other medical treatment for my child that may be deemed necessary by attending medical personnel while he/she is attending this camp. Insurance coverage for accidental injury of all campers is REQUIRED. "The Colleges" provides excess medical insurance only.

Health Insurance Company name: _____ Policy #/Subscriber #: _____

Parent Signature Required:

Parent and/or Guardian: _____

I (we) understand that: (1) No camper will be permitted to enroll until acceptable medical/insurance information is provided; (2) I am hereby waiving and releasing "The Colleges" from any and all liability for any injuries incurred by my child while attending camp; (3) I am hereby representing to "The Colleges" that I will have adequate health insurance on my child while he/she is attending camp (the Colleges provide only excess medical insurance); (4) I will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; (5) Signature by me/us of this registration form does not violate any legal agreement or order pertaining to the care and custody of my child.

Hobart and William Smith Colleges do not exclude anyone from participation in, deny anyone the benefits of, or subject anyone to discrimination or harassment in any program or activity or in employment based on race, color, religion, sex, marital status, natural origin, age, disability, veteran status, or sexual orientation.

PLEASE SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:

**Hobart College/Brine Team Challenge Lacrosse Camp
Conferences and Events, 300 Pulteney Street, Geneva, NY 14456**

DETACH AND RETURN WITH PAYMENT

MEDICATION AUTHORIZATION FORM

Important Information for all Overnight Campers

- This form MUST be completed PRIOR to camp** with the information for ANY prescriptions AND/OR over-the-counter (OTC) medications ALL "as needed" PRESCRIPTION medications (including EPI-pen or asthma inhalers) MUST be either accompanied by the camper's health care provider OR the health care provider may complete and sign the dosage information on this sheet. This must also be signed by the parent.
- ALL other PRESCRIPTION medications MUST be in their original containers, stating the specific times and dosages (this needs to be marked on this sheet). This also must be signed by the parent.
- All Campers using an EPI-pen or asthma inhalers MUST inform camp medical personnel each time that these are self-administered.

Camper's Name: _____ Date of Birth: _____ / _____ / _____ Weight: _____

Over-the-Counter (OTC) Medication kept on hand at our Infirmary

These items will be administered at the discretion of the P.A. or Athletic Trainer if approval is indicated by the camper's parent or guardian. Note: Unless we have parental authorization, we cannot administer ANY medications. Please complete the following section to save time if your child needs any of these OTC medications during his stay.

Drug Name	Route	Dosage	Schedule and Indications	Parental Permission to Administer (circle)	Comments
Tylenol	PO (chewable tabs, elixir or tabs)	Per Label: Instructions by age/weight	Q 4 hr as needed for pain or fever: > _____ °F	YES or NO	
Ibuprofen	PO (chewable tabs, suspension or tabs)	Per Label: Instructions by age/weight	Q 6 hr as needed for pain or fever: > _____ °F	YES or NO	
Robitussin	PO (syrup)	Per Label: Instructions by age/weight	Q 4 as needed for cough	YES or NO	
Pepto-Bismol	PO (Liquid or chewable tabs)	Per Label: Instructions by age/weight	Q 30 min. to 1 hr as needed for diarrhea (no > 8 doses/24 hr)	YES or NO	
Benadryl	PO (chewable tabs, elixir or pills)	Per Label: Instructions by age/weight	Q 6 hr as needed for allergic reaction (hives, insect bite)	YES or NO	

Over-the-Counter (OTC) Medication brought to camp with camper

Drug Name	Route (please enter formulation)	Dosage	Schedule and Indications	Comments

Prescription Medications brought to camp with camper (This section must be completed AND signed by the health care provider, stating the specific times and dosages):

Drug Name	Route (please enter formulation)	Dosage	Schedule and Indications	Comments

Physician's Name: _____ Phone: _____

Physician's Signature (needed only for prescription medications): _____ Date: _____

Parent's Signature (required for OTC and prescriptions): _____ Date: _____

DETACH AND RETURN WITH PAYMENT

HOBART COLLEGE

Brine Team Challenge Lacrosse Camp

Conferences and Events
Geneva, NY 14456

Before mailing did you remember to:

1. Include full payment with the application?
2. Include the parental signatures on both sides of the application?

51403-11-35400-09819



SPENCER TULLIS/Finger Lakes Times



**TEAM CHALLENGE
Lacrosse Camp**
at HOBART COLLEGE



JULY 24-26, 2009