For more information or to register online, visit www.hws.edu/offices/conferences

At Hobart and William Smith Colleges’ summer camps in Upstate New York, young athletes learn and develop skills, strategies and techniques that will enable them to take their game to the highest level in basketball, golf, lacrosse, soccer and tennis. The core of the HWS program is based on daily games, intense position work and detailed attention to the team phases of the game. Campers are organized by grade-level and ability for position work and by teams for competition. Every athlete, regardless of skill level, receives top-notch coaching.

Campers can attend camp for half the day or for the entire day! Campers who attend both a morning and an afternoon camp will eat lunch at the Colleges dining hall, the Scandling Center. In the morning, campers can choose from girls lacrosse, tennis, golf or basketball. In the afternoon campers can attend soccer or basketball camp. Afternoon camps will swim at the Bristol Pool at Bristol Gymnasium on campus. Each camper will receive a day camp t-shirt. Basketball and soccer campers will each receive a ball.

Camps will be run by Hobart and William Smith coaches, assistant coaches and HWS student athletes.

**MORNING OPTIONS:**
- Girls Lacrosse
- Tennis
- Golf
- Basketball

**AFTERNOON OPTIONS:**
- Soccer
- Basketball

**COST:**
- Half Day of Camp $135
- Full Day of Camp (with Lunch) $235

For further information call or write: HOBART AND WILLIAM SMITH COLLEGES
Conferences and Events Office, Harris House, Geneva, NY 14456
(315) 781-3103 • Fax (315) 781-4325 • E-mail: events@hws.edu • www.hws.edu/offices/conferences
2012 DAY CAMP APPLICATION

For more information or to register online, visit www.hws.edu/offices/conferences

PLEASE PRINT OR TYPE ONLY, Please mark camp(s) you plan to attend:

Cost:  □ Full day $235  □ Half day $135

PAYMENT Checks payable to Hobart and William Smith Colleges
Must be made one week prior to the week(s) you intend to attend.

For Office Use:
Date_________________Check #__________________________$_

MORNING OPTIONS:  □ Girls Lacrosse  □ Tennis  □ Golf  □ Basketball

GOLF CAMPERs:  □ Check if bringing golf clubs

AFTERNOON OPTIONS:  □ Soccer  □ Basketball

CAMPER NAME_________________________ DATE OF BIRTH__________________________

ADDRESS__________________________________________________________________________ STATE______ ZIP________ GRADE ENTERING IN SEPT 2012________

PARENT/GUARDIAN NAME___________________________________________________________

HOME PHONE____________________ CELL PHONE______________________________

PARENT/GUARDIAN EMAIL___________________________________________________________

□ Has attended a Hobart and William Smith Camp before

SHIRT SIZE (please circle): Youth: YS, YM, YL; Adult: S M L

I understand that: 1) no camper will be permitted to enroll until acceptable medical 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 the camp (the Colleges provide no health 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 of this registration form does not violate any legal agreement or order pertaining to the care and custody of my child. 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 College” 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.

X________________________________________ (parent/guardian signature)

MEDICAL WAIVER FORM FOR DAY CAMPS: ___________ ___________  ____  _____  ______

(camper’s name) has applied to participate in the sport stated above. I understand that the Colleges require each participant in this program to be examined by a licensed physician prior to attendance.

I am the person legally responsible for ___________ ___________ ___________  ____  _____  ______

(camper’s name), who is a minor. As such person, I request that the Colleges waive this requirement of a physical.

Upon granting of this request, I, on behalf of myself and ___________ ___________ ___________  ____  _____  ______

(camper’s name), hereby release the Colleges from all claims and/or causes of action now or hereafter arising as a direct or indirect result of this waiver. At the same time, I personally indemnify you against all costs, including damages and reasonable attorney and administrative fees, incurred by the Colleges as a result of all such claims or causes of action from whatever source not precluded by the foregoing release.

* Please note: medication must be dispensed before arriving for the camp day

□__________ ___________  ____  _____  ______ (date)  X________________________________________ (parent/guardian signature)

Emergency Information and Medical History:

Health insurance company ________________________ Policy number ________________________

Parent(s) names ________________________________

Residence: __________________________________ Phone: ________________________________

Business address: _______________________________ Phone: ________________________________

Home Phone: __________________________________ Cell Phone: ____________________________

□ Health History (give approximate dates)

<table>
<thead>
<tr>
<th>Illness/Condition</th>
<th>DPT booster</th>
<th>Polio OPV (sabin) booster</th>
<th>Measles vaccine</th>
<th>Smallpox</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear infections</td>
<td>Rheumatic fever</td>
<td>Convulsions</td>
<td>Diphtheria</td>
<td>Hay fever</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Hay fever</td>
<td>Ivy poisoning</td>
<td>Insect stings</td>
<td>Penicillin allergy</td>
</tr>
<tr>
<td>Asthma</td>
<td>Chicken pox</td>
<td>Measles</td>
<td>German measles</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
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<tr>
<td>Operations or serious injuries (dates)</td>
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<td></td>
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</tbody>
</table>

□ Immunization History**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Booster</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>Hay fever</td>
<td>2012</td>
</tr>
<tr>
<td>Asthma</td>
<td>Chicken pox</td>
<td>2013</td>
</tr>
</tbody>
</table>

*Don’t forget to send medical report with application.
**Must have specific dates of immunizations.

Mail to: Conferences and Events, Hobart and William Smith Colleges, 300 Pulteney Street, Geneva, NY 14456