HWS ATHLETIC PERFORMANCE CAMP

Monday, July 23 - Friday, July 27, 2012
For athletes entering grades 9-12

About the Camp
The HWS Athletic Performance Camp is geared toward providing athletes in grades 9-12 with a jump start to their upcoming season, and an athletic edge over their opponents. For two hours each night, campers will take their game to the next level through various training lessons. The camp will be held on the historic Boswell Field. For nearly 100 years, the BOZ has been one of the most renowned sports venues in collegiate athletics, and in 2010, the field was upgraded with field turf and lighting for night games and practices.

About the Instructors
Bobby Fisk, Head Coach of Strength and Conditioning at HWS
Fisk is a certified strength and conditioning specialist through the National Strength and Conditioning Association, as well as a functional movement specialist through Functional Movement Systems. Fisk has worked with athletes, ranging from middle school to Division I, as well as professional athletes. Fisk is a graduate of SUNY Oneonta.

Nick Cooke, Coordinator of Sports Medicine at HWS
Cooke graduated from the University of Vermont with a bachelor of science degree in nutrition and food science, and a concentration in athletic training. Prior to joining HWS, he served as a graduate assistant athletic trainer at Purdue University, where he earned a master of science degree in administration and pedagogy. His experience ranges from working with athletes from the high school to Division I.

Cost:
- $80 for all five days
- $20 per day
- $10 FMS Screening
Campers should arrive ready to participate in shorts, T-shirt, and sneakers.

Session times:
- Women – 4 - 6 p.m.
- Men – 6 - 8 p.m.

Functional Movement Screening:
For an additional $10, campers can participate in an optional Functional Movement Screening. The FMS identifies functional limitations and asymmetries that can reduce the effects of functional training and physical conditioning and offers individualized corrective exercises based on the direct results from the movement screening.

The camp will include the following activities:
- Dynamic warm-ups
- Injury prevention exercises
- Plyometric progressions
- Form running progressions
- Acceleration training
- Max speed training
- Agility training
- Strength training progressions
- Sport specific cardiovascular conditioning

For more 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
MEDICAL WAIVER FORM FOR DAY CAMPS:

I, ____________________________, hereby request and agree 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 hereby represent to the Colleges that I will have adequate health insurance on my child while attending camp; 3) I hereby request that the Colleges waive this requirement of a physical. Upon granting of this request, I, on behalf of my child ____________________________, 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 any failure by my child to respect and maintain camp facilities and/or to observe camp rules and regulations; 5) 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; 6) 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 my 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 indemnifies you against all costs, including damages and reasonable attorney and administrative fees, incurred by the Colleges as a result of any 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.

Emergency Information and Medical History:

Health insurance company ____________________________ Policy number ____________________________

Parent(s) names ___________________________________________ Phone: ____________________________

Residence: ___________________________________________ Phone: ____________________________

Business address: ___________________________________________ Phone: ____________________________

Home Phone: ___________________________________________ Cell Phone: ____________________________

Health History (give approximate dates):

- Ear infections
- Rheumatic fever
- Convulsions
- Diabetes
- Hay fever
- Ivy poisoning
- Insect stings
- Penicillin allergy
- Other drug allergies
- Asthma
- Chicken pox
- Measles
- German measles
- Mumps
- Operations or serious injuries (dates)

Immunization History:

- DPT booster
- Polio OPV (sabin) booster
- Measles vaccine
- Smallpox
- German measles
- Typhoid
- Tuberculin test
- Mumps vaccine
- Last tetanus booster (year)

For Office Use:

Date _______ Check #: _______ $ _______

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

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