



Boys in grades 8 through 12 in the fall of 2017 are eligible to attend

Independent Health Members:

You can use your "HEALTH EXTRAS" allowance toward camp tuition.

BlueCross BlueShield

"WELLNESS BENEFIT" can also be used.

PLEASE NOTE: There is a \$75 non-refundable down payment for EACH camper. There will be a \$20 service charge for any returned checks.

Tuition rates

RESIDENT CAMPER \$425

(plus a \$50 damage/key deposit; refunded at checkout)

DAY CAMPER \$225

Each Camper's Tuition Includes

Custom Reversible Jersey, Skills Evaluation, and Memorable Experiences.

For additional information please contact:

Rick Schunke
Head Men's Lacrosse Coach/Camp Director
(716) 481-4419
Fax (716) 649-6429
Email: rschunke@hilbert.edu

www.hilberthawks.com

Sunday check in for overnight campers on Sunday July 23rd

Registration.....6:00 PM-7:30 PM
Camp Rules 7:30 PM
Leadership Introduction 8:00 PM
Games/ Activities 8:30 PM
All Campers to resident Hall 9:30 PM
Lights Out 10:30 PM

Monday Check-In (Day campers only)

Please arrive promptly by 8:30 a.m. so that we may begin on schedule.

"Camp Quick Facts"

Day camp runs from 9am – 9pm and includes a nutritious lunch and dinner .

Our complete day of lacrosse provides more instruction than any other camp in WNY. All campers will be placed in a variety of competitive contests daily to test their athleticism, lacrosse skills, and lacrosse IQ.

Not only will your son receive excellent lacrosse training, he will also go through team building and leadership exercises every day to make him a better teammate and leader when he goes back to his high school team.

Positional instruction will be provided daily for every position on the lacrosse field including Goalies, Face-Off Specialists, Midfielders, Attackmen, and Defensemen.

Games will be played daily with the game's MVPs receiving a daily award. On the lacrosse field we believe in providing a competitive, fun environment for players to improve at the game they love to play.

Our camp staff is made up of high school and college coaches, as well as local collegiate players from every position on the lacrosse field.

No hidden costs – all meals and services are included in camp tuition. Meals provided by Hilbert College Dining hall service.



2017

BOYS SUMMER LACROSSE CAMP

Monday-Thursday

July 24th - July 27th



2017 AMCC Champs!

TYPICAL DAY AT CAMP

8:00 AM	Breakfast
8:30 AM	Arrive at the field and get prepared for the day
9:00 AM	Attendance
9:20 AM	Stretching and agility warm ups
9:40 AM	Morning Instruction
11:00 AM	Team building/ leadership training
12:15 PM	Lunch
1:15 PM	Open field
1:30 PM	Attendance
1:45 PM	Afternoon Session and Team Instruction
3:30 PM	Free Time (relax in dorms, extra help etc)
5:00 PM	Dinner
6:15 PM	Attendance
7:00 PM	GAME TIME! Evening Games
9:00 PM	Recreation games, events, movies, Game films
10:00 PM	All Campers to resident hall
10:30 PM	In Own room/ Lights out

Parents are welcome at any time during the week to watch and cheer!

CAMP LOCATION:

Hilbert College, 5200 South Park Ave.
Hamburg, NY 14075

IMPORTANT MEDICAL INFORMATION

Please mail child's immunization record OR

Fax to: (716) 649-6429

If your child requires non-prescription or prescription medication during the week of camp, please be prepared to follow these simple rules:

1. All medication should be given to our Athletic Trainer during registration by parent/guardian.
2. All medication is to be in it's original container with camper's name, name of medication, the dosage and the frequency of administration clearly marked.
3. A note from the doctor must accompany the medication, stating the name of the camper, name of medication, the time it is to be given and the reason camper is taking medication.
4. At check-in on Monday, an authorization form will be completed by the parent/guardian requesting the medicine be administered.

Camper Info:

Day Camper Overnight Camper

Camper's Name _____

Address _____

Height: _____ Weight _____ DOB _____

Grade Level as of Fall of 2017 _____

Attending School _____

Lacrosse Jersey Size: (circle size)

S M L XL XXL

Email address _____

Number of years child has played lacrosse _____

ALL CAMPERS...

When your application and deposit have been processed, a confirmation letter with detailed instructions on what basic items you should bring to camp will be mailed.

An Emergency contact/medical information form will also be mailed. To avoid long lines at check-in, it is recommended that you mail your completed medical information forms in before the start of each camp. Expect to complete an additional signature page if your child requires non-prescribed or prescribed medicine during the week of camp.

IMMUNIZATION RECORDS MUST BE UP TO DATE.

We require a copy of your child's immunization dates.

I give the camp permission to use any camp related photos of my child for camp publicity. I understand that the week's tuition fee includes the use of all facilities and accident insurance. I know of no medical or physical problems which may affect my child's ability to safely participate in this camp. I am responsible for any medical or any other charges in connection with my child's attendance at the Hilbert College Hawks Lacrosse Camp.

Signature of Parent or Guardian

Administrative use only:
Type of camper: _____
Res / Day / CBO _____
Tuition \$ _____
Disc \$ _____
Damage/Key \$ _____
Rec'd \$ _____
Due \$ _____
Dorm Room Number: _____
Bed #: _____
1-wall _____
2-window _____
3-floor _____

Camp Application:

Boys Summer Lacrosse Camp July 24th - July 27th

Name _____ Age _____ School Grade in Fall _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____ Emergency Contact: _____

School _____ Coach _____

I hereby desire that my child, who is under the age of 18, participate in the Lacrosse Camp offered by Hilbert College and by the execution of this release, I agree that all the requirements, directions, rules and standards of this camp have been fully explained to me and my child. By my signature below, I hereby release Hilbert College and all of the personnel associated with this camp from any and all liability that may arise from my child's participation in the camp.

Signature of Parent or Guardian _____ Date _____

Please print using ball point pen

Please return a copy of your insurance card with application and deposit. Make checks payable to Hilbert College. Send application to: Hilbert College, Boys Lacrosse Camp, 5200 S. Park Ave., Hamburg, NY 14075

Hilbert College MLax Camp
SUMMER 2016 Release
**Emergency Contact ~ Medical
History**



_____	____/____/____	_____
Camper's <Last, First> Name	birthdate	home phone number
_____		_____
Camper's address		zip code
_____	_____	_____
Mom's name	cell phn #	work #
_____	_____	_____
Dad's name	cell phn #	work #

If you are unable to contact the above names in case of emergency, please contact:

_____	/	_____	_____
Emergency contact name		relationship to camper	contact #

** Please provide a copy of a medical insurance card AND copy of shot records

_____	_____
Camper's physician	Physician's phone number

My child is allergic to:

Does your child have any chronic medical condition? Please explain:

Other medical information:

To the best of my knowledge, my child _____, is in good health. In the event of circumstances which indicated that my child is in need of medical care, I authorize HILBERT COLLEGE's Athletic Trainer to consent to any necessary x-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice by licensed medical personnel. I understand that Hilbert College's athletic staff will attempt to reach me through the numbers listed above prior to any medical decisions are made. I release and agree to hold Hilbert College harmless from any claims due to illness suffered by my child in the course of receiving such medical responsibility and consequences that may arise as the result of this treatment.

_____	_____
Parent/Guardian Signature	Date

Summer of 2016

Consent for Medication Administration

NON-PRESCRIPTION

I / We authorize the employees and agents of Hilbert College to administer to my / our child non-prescription drugs in the event circumstances reasonably demonstrate that my / our child is in need of such medications.

My / Our child must take the following medication (indicate dosage, frequency, etc.):

Parent / Guardian signature: _____ date: _____

PRESCRIPTION

I / We authorize the employees and agents of Hilbert College to administer to my / our child prescription drugs in the event such drugs have been prescribed by a physician. These prescription drugs must include administration directions and are stored in their proper container.

My / Our Child must take the following medication (indicate dosage, frequency, etc):

Parent / Guardian signature: _____ date: _____

This form must be returned upon check-in the first day of camp.