

SKIDMORE

C O L L E G E

Dear Sport Camp Registrant:

Skidmore hosts a wide array of sport camps during the summer months for children of all ages. The sports offered run the gamut from lacrosse to soccer and basketball, and each child learns the concept of teamwork while acquiring the necessary skills for his or her sport of choice. Adults, novice or experienced, can participate in the rowing program offered throughout the summer and early fall at beautiful Fish Creek.

Registration Procedure:

Complete registration form:

- parents and guardians must complete parts 1-3
- adults 19 and over must complete parts 1-2

Incomplete registrations will be returned.

Checks for total amount of the camp fee should be made payable to **Skidmore College**.

Mail registration and check to:

Skidmore College
Dean of Special Programs-Sports
815 N. Broadway
Saratoga Springs, NY 12866

or deliver registration and check/cash to:

Skidmore College
Office of the Dean of Special Programs
4th Floor Palamountain Hall
815 N. Broadway
Saratoga Springs, NY 12866

Registration is first-come, first-served until the camps are full. Space is limited so register early. A confirmation card will be mailed to you or you will be notified when the camp is full and will be placed on a wait list. Registration two weeks before a camp begins (check each camp as some have an earlier deadline) guarantees you will receive a T-shirt, jersey, or ball, etc. We can't guarantee these items for registrations received after that time.

Policy:

Programs are subject to change/cancellation at the College's discretion.
We are unable to pro-rate any camp fees.

Refund Policy:

A full refund will be issued only if notice of cancellation is given by phone (580-5591) or via fax (580-5548) **SEVEN** days prior to the start of camp. After this deadline, a \$25 processing fee will be deducted from the refund. No refund after the program begins. Refunds based on medical conditions will be made only when accompanied by a letter from a physician.

Please feel free to contact me at (518) 580-5591 or e-mail me at dmadden@skidmore.edu if I can be of assistance. Thank you for your interest in the program and Skidmore College.

Sincerely,

Deb Madden

Program Coordinator

Office of the Dean of Special Programs 518-580-5590

815 North Broadway Saratoga Springs New York 12866-1632

Registration Form: Skidmore Sports Programs 2005

Please fill out one form for each participant. Mail form with all three parts completely filled out with a check for total amount made payable to Skidmore College to: Skidmore College, Dean of Special Programs-Sports, 815 N. Broadway, Saratoga Springs, NY 12866. Registration is first-come, first-served until the camps are full. Incomplete registrations will be returned. Space is limited so register early. Registration two weeks before a camp begins (check each camp as some have an earlier deadline) guarantees you will receive a T-shirt, jersey, or ball, etc. We can't guarantee these items for registrations received after that time. Programs are subject to change/cancellation at the College's discretion. Questions? Call 518-580-5590.

Part 1 Application

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone (518) _____ Cell _____

Mother/Guardian _____ Day # _____

Father/Guardian _____ Day # _____

School as of 9/05 _____ Grade as of 9/05 _____

Years of Experience: _____ Varsity; _____ Jr. Varsity; _____ Jr. High; _____ Youth; _____ Beginner

Position _____ Adult T-Shirt (please circle one) S M L XL

Dates	Program	Cost	Amount Enclosed
June 1-October 29	Community Rowing	\$500	_____
June 27-August 12	Competitive Swimming	\$260	_____
June 27-30	Boys' Basketball-Session I	\$165	_____
July 5-8	Boys' Basketball-Session II	\$165	_____
	Boys' Basketball Both Sessions	\$310	_____
July 5-8	Girls' Lacrosse	\$120	_____
July 11-15	Girls' Volleyball	\$140	_____
July 18-22	Girls' Basketball	\$200	_____
August 1-4	Girls' Soccer Clinic	\$120	_____
August 1-5	Girls' & Boys' Soccer	\$200	_____
August 8-11	Varsity Field Hockey Teams	\$130	_____
August 8-12	Girls' Field Hockey	\$195	_____

Sorry. We are unable to pro-rate any camp fees.

Refund Policy: Refer to brochure or visit www.skidmore.edu/summer

Part 2a Release for Adults 19 and Over

I, the undersigned, do hereby agree to waive and release, and hold harmless Skidmore College, its officers, agents and employees from and against all claims or causes of action or demands, liabilities, damages on account of any injury or accident involving my participation in the sport camp(s) or in the course of competition and/or activities held in connection with the sport camp(s). I understand that I participate in this activity at my own risk and that any medical expenses associated with this program are my responsibility.

Participant Signature** (REQUIRED) _____ Date _____

Part 2b Release for Minors

I, the undersigned, individually as parent(s) or guardian(s) of _____,

a minor, request that the child be allowed to participate in the sport camp(s) sponsored by Skidmore College. I do hereby agree to waive and release, and hold harmless Skidmore College, its officers, agents and employees from and against all claims or causes of action or demands, liabilities, damages on account of any injury or accident involving the child's participation in the sport camp(s) or in the course of competition and/or activities held in connection with the sport camp(s). I understand that the child participates in this activity at her/his own risk and that any medical expenses associated with this program are my responsibility.

Mother/Guardian Signature** (REQUIRED) _____ Date _____

Father/Guardian Signature** (REQUIRED) _____ Date _____

Part 3 Authorization for Medical Treatment of Minors

*Parents/Guardians of participants 18 years and younger must complete this part.

I (we), being the parent(s) of custody or legal guardian(s) of (name of minor) _____, do

hereby appoint the supervising Skidmore College coach to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for said minor, in my absence and I authorize the Skidmore College coach or trainer to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named child IF I OR MY SPOUSE CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the sport camp.

Child's birth date _____ Date of last Tetanus immunization _____

Pertinent medical data (*Allergies, asthma, seizures, etc. Include any medication the child is on, relative to this condition.*) _____

Medical restrictions _____

Pediatrician/Family Physician _____ Phone _____

Orthopedist _____ Phone _____

Dentist _____ Phone _____

Surgeon _____ Phone _____

Guarantor (person responsible for payment of bill) _____

Name of Insurance _____

Policy Number _____

Mother/Guardian (print name) _____ Signature** (REQUIRED) _____ Date _____

Father/Guardian (print name) _____ Signature** (REQUIRED) _____ Date _____