

# **Bates College Field Hockey Camp**

## **August 8-11, 2004**

### Camp Information

#### **Camp Goals:**

- To teach and develop fundamental skills.
- To improve existing ability and tactical awareness.
- Prepare experienced players for the collegiate transition.
- To increase camper's overall passion for the game.

#### **Hours:**

Everyday the camp will consist of three sessions.

- 9 a.m.-11:30 a.m. Technical Session
- 2:00 p.m.-4:00 p.m. Tactical Sessions
- 6:00 p.m.- 8:00 p.m. Games
- 8:00 p.m.-9:30 p.m. Optional games with staff

#### **Equipment:**

- Stick, Shin Guards, Mouth Guard, Turf/Running Shoes, Grass Cleats, Rain/Athletic Gear & Water Bottle
- Pillow, Linens, Towel, Toiletries, Etc.

#### **Facilities:**

The Bates College Field Hockey Camp sessions will be held on ARTIFICIAL TURF & Grass. Campers will be housed on the campus of Bates College. All Meals will be served to campers each day at the Bates College dining facility on campus.

#### **Tuition:**

The Cost of the Bates College Field Hockey Camp is \$415.00 (overnight) and \$325.00 (day). Full Payment is due with application. A refund of \$315.00 will be given for early withdrawal by May 30.

#### **Additional Information:**

Camp store will provide Cranbarry/Gray equipment and apparel for purchase.

### Coaching Staff

#### *Director:*

#### **Wynn Hohlt**

Head Coach - Bates College

- Graduated from Williams College
- Regional All-American Goalkeeper
- Coached at Plymouth State six seasons, with five postseason berths
- Entering 6th Season at Bates

#### **Brian Schledorn**

- Assistant Coach- US Men's National Team
- 2003 Assistant at Rutgers University
- 2002 Assistant at Bates College
- US Senior & Junior National Player, 1992-2000
- 1999 Pan-American Games
- 1996 Olympic Games Alternate
- Coached at University of Santa Barbara three seasons

#### *Coaches:*

#### **Jennifer Vinnitti**

- 2000-02 Asst. Coach - University of California Berkeley
- 1999 First Assistant at Boston University
- 1997-99 Asst. University of California Berkeley
- 1999 Head Coach USFHA Western Region Futures Program
- Standout sweeper at Plymouth State College
- 1995, 1996 Div. III All-American Honors

#### **Alana Linick**

- 2002 Asst. Coach -University of Rhode Island
- 2001 Asst. Coach at Bates College
- 2000-1997 Played at University of Connecticut
- 2000 Named Big East Goal Keeper of the week 3 times
- 1999 Ranked #2 in overall saves in the Big East Conference

## 2004 Bates College Field Hockey Camp Application

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (h)

\_\_\_\_\_ (w)

Full E-mail Address \_\_\_\_\_

Parents' Names \_\_\_\_\_

High School \_\_\_\_\_

High School Coach \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Years in School completed in Spring '04 \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Emergency contacts:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Position \_\_\_\_\_

Forward Midfield Back Goalkeeper (please circle)

T-Shirt Size

S M L XL (circle one)

Please mail me \_\_\_\_ additional brochures for my friends and/or coach (photo copies will be accepted)

Camp registration will not be accepted without a signed Parental Consent Form and total tuition of \$415.00 (overnight) and \$325.00 (day)(\$100 non-refundable deposit)

Please make checks payable to:

**Bates College Field Hockey Camp**

Return Application to:

**Bates College Field Hockey  
130 Central Avenue, Alumni Gymnasium  
Lewiston, Maine 04240-6097**

## Parental Consent Form

In order to enable health facilities in Maine to provide prompt care to your minor son or daughter, we urge you to read and complete this consent form. This will enable us to help your child without delay in the event of an emergency.

Please provide the following information about the registered camper.

Name of Camper: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Guardian's Name/ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_

If yes, please describe:

No Yes Reactions (drugs, food, etc.)

\_\_\_\_\_

No Yes Medications at this time

Date of last tetanus toxoid: \_\_\_\_\_

**In case of emergency:**

Father's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact (name and number):

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Any Instructions regarding your insurance: \_\_\_\_\_

I/We, the undersigned hereby certify that I (we) am (are ) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the camp, during the period of the camp, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs.

I/We, the undersigned, for ourselves and as guardian(s) of \_\_\_\_\_

\_\_\_\_\_ (camper)

Understand that field hockey is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in field hockey and camp activities.

I/We, represent that I/We have sought the opinion of our child's physician,

\_\_\_\_\_ (camper's physician),

and he/she concurs that \_\_\_\_\_ (camper) is fully capable of safety engaging in these activities. I/We also understand that it is my/ our responsibility in caring for the camper listed above, to be assured that he/ she is able to engage in such sort. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Field Hockey Camp and its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian

Date

Please fill out this form and return it with your deposit to reserve your space at camp.