



Girls grade 3 through 12 in the fall of 2011 are eligible to attend

TUITION RATES:

RESIDENT CAMPER: \$360

(Plus \$20 key deposit; refund at checkout)

DAY CAMPER: \$270

Independent Health Members: you can use your "FLEX FIT" allowance toward camp tuition.

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

Each Camper's Tuition Includes

Reversible Jersey, Camp T-Shirt, Skills Evaluation and Memorable Experiences

Discounts

\$15 discount if you register before June 1, 2011

\$10 discount per camper when six or more campers submit applications together
\$5 per child family discount

For additional information please contact:

Rob Peterson

Head Women's Basketball Coach/Camp Director

(716) 926-8775

Fax (716) 649-6429

Email: rpeterson@hilbert.edu

www.hilbert.edu/athletics/camps-clinics

Sunday Check-In Schedule

Registration/Open Gym.....2:30pm-4:00pm
Camp Rules/Attendance4:00pm - 5:00pm
Dinner5:00pm
Evaluation Games/Team Assignments6:30pm
Dismissal/Open Gym8:45pm

Championship Thursday General Schedule

B quarterfinals9:15am
C & A semifinals 10:05am
B semifinals..... 11:05am
Picnic..... 11:15am
A Championship..... 12:00pm
B Championship.....1:00pm
C Championship.....2:00pm
Camp Dismissal3:00pm

"Quick Day Camp Facts"

Day camp runs from 9am until 9pm, more instruction than any other camp in WNY.

Day camp includes a nutritious lunch and dinner.

Your daughter will play in 3 competitive basketball games each day and will play at least half of each game. We limit each team to 10 players.

No hidden costs - all meals and services are included in camp tuition.



2011 GIRLS SUMMER BASKETBALL CAMP

July 10th - July 14th



TYPICAL DAY AT CAMP

7:30AM	WAKE UP WHISTLE IN DORM
7:30-8:30AM	BREAKFAST SERVED
8AM-9AM	OPEN GYM
9:00AM	ATTENDANCE AND STRETCHING IN GYM
9:20AM	STATIONS
10:50AM	ATTENDANCE/GAMES/VIDEO
11:45AM	GAMES/LUNCH
12:30PM	LUNCH/REST PERIOD IN DORM/ OPEN GYM
1:30PM	GAMES/REST PERIOD IN DORM
2:15PM	COMPETITIONS
3:00PM	GAMES/VIDEO INSTRUCTION
4:00PM	LECTURE, ALL CAMPERS TO GYM
5:00PM	DINNER
6:00PM	TEAM PRACTICE
7:00PM	GAMES/VIDEO
7:45PM	GAMES/VIDEO
8:45-9PM	CAMPER OF THE DAY PROGRAM
9-10:00PM	OPEN GYM
10:00PM	ALL CAMPERS TO RESIDENCE HALL
10:30PM	IN OWN ROOM/LIGHTS OUT!

Parents are welcome at any time during the week to watch and cheer! Daily schedules will be posted outside of the gym.

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. Medication should be given to our Athletic Trainer during registration by parent/guardian.
2. All medication is to be in its 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 camper, name of medication, the time it is to be given and the reason camper is taking medication.
4. At check-in on Sunday, an authorization form will be completed by the parent/guardian requesting the medicine be administered.

Resident and Day Camper Info:

Camper's Name _____

Height _____ Weight _____ DOB _____

Camp T-shirt Size: **Youth:** M L **Adult:** S M L XL XXL

Email address _____

Number of years child has attended camp _____

Resident campers only: Depending on the camp enrollment, your child may be placed in a dorm room with 2 other campers. In this situation, **one mattress will be placed on the floor.** The beds will be assigned in each room based on first come, first assigned in St. Joseph Hall.

ROOMMATE PREFERENCE

_____ / _____

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. Please mail your medical information form before check-in. Expect to complete one 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 Basketball Camp.

Signature of Parent or Guardian

Administrative use only:
Type of camper: _____
res/day/cbo _____
Tuition \$ _____
Disc \$ _____
Key? \$ _____
Rec'd \$ _____
Due \$ _____
Dorm Room Number: _____
Bed #: _____
1-wall _____
2-window _____
3floor _____

Camp Application

JULY 10 - JULY 14

RESIDENT CAMPER

DAY CAMPER

NAME _____ SCHOOL GRADE IN FALL _____ AGE _____
 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 basketball 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 the camp from any and all liability that may arise from my child's participation in the camp.

Signature of Parent or Guardian _____

Date _____

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