

**PLEASE RETURN COMPLETED  
FORM AND PAYMENT TO:**

**Joseph McCarthy  
ASSISTANT DIRECTOR OF  
ATHLETICS  
SUNY COBLESKILL  
COBLESKILL, NY 12043  
mccartj@cobleskill.edu**

**MAKE CHECKS PAYABLE TO :**

**SUNY COBLESKILL  
107 Schenectady Ave.  
Cobleskill, NY, 12043**

FOR ADDITIONAL INFORMATION PLEASE CALL:

BRAD FICHTHORN  
(518)255-5121

*All school districts have been asked to  
distribute this flyer in an effort to make  
the community aware of this event. The  
district is not promoting or sponsoring this*

### CAMP DIRECTOR

**BRAD FICHTHORN:** HEAD TRACK AND FIELD  
COACH , ASSOCIATE PROFESSOR WITHIN THE  
EXERCISE SPORT AND MOVEMENT DEPARTMENT.  
HEADING INTO HIS ELEVENTH YEAR AT SUNY  
COBLESKILL

### ASSISTANT DIRECTORS

**NICOLE DAMIANO:** NICOLE IS THE HEAD  
SWIMMING COACH AT SUNY COBLESKILL AND IS  
ALSO THE AQUATICS DIRECTOR AT SUNY  
COBLESKILL.

**SCOTT HILL:** IS THE HEAD WOMEN'S  
VOLLEYBALL COACH AT SUNY COBLESKILL., AS  
WELL AS INSTRUCTOR WITHIN THE EXERCISE  
SPORT AND MOVEMENT DEPARTMENT.

### **Items to Bring:**

**Back Pack  
Water Bottle  
Swim Suit  
Towel  
Sneakers  
Hat  
Sunscreen**

# **TIGER TAILS**

## **ACTIVITY CAMP**

### **2014**



*THIS YEAR WE WILL BE  
OFFERING TWO WEEKS OF  
CAMP ON SUNY  
COBLESKILL'S CAMPUS*

*JULY 14—18  
JULY 21—25*

**CAMP WILL RUN DAILY  
FROM  
9am —3:30pm**

# TIGER TAILS

## ACTIVITY CAMP

TIGER TAILS WILL BEGIN DAILY AT 9:00 am AND CONCLUDE AT 3:30pm,

**WARM LUNCHES WILL BE PROVIDED DAILY!! ALL THEY CAN EAT BUFFET STYLE!!**

CAMPERS WILL TAKE PART IN A VARIETY OF LIFESPORTS AND ACTIVITIES, INCLUDING:

### ARTS AND CRAFTS

ARCHERY

BASKETBALL

SOCCER

VOLLEYBALL

TRACK AND FIELD

WIFFLE BALL

**\*SWIM LESSONS\***

\*EACH CAMPER WILL ALSO HAVE A DAILY SWIM LESSON AT NO ADDITIONAL FEE; LESSONS WILL BE INSTRUCTED BY A CERTIFIED WATER SAFETY INSTRUCTOR.

### WHY ATTEND TIGER TAILS?

- SUMMER CAMPS ARE A GREAT WAY FOR CHILDREN TO INTERACT WITH OTHERS AND LEARN VALUABLE SOCIAL SKILLS.
- CAMPERS WILL BE ACTIVE EVERY DAY WITH PEERS OF THEIR OWN AGE.
- WE WILL PROVIDE A VARIETY OF DAILY ACTIVITIES AND GIVE INSTRUCTION IN A VARIETY OF LIFETIME SPORTS AND ACTIVITIES.

## DAILY SCHEDULE

**9:00—12:00: SPORT OF THE WEEK / ARTS AND CRAFTS**

**12:00—1:00: LUNCH (BUFFET, EITHER IN DINING HALL OR CATERED)**

**1:00—3:30: SWIM LESSONS / LIFE-TIME SPORTS / GAMES / MOVIES**

**3:30: PICKUP**

*\*ONE MORNING DURING EACH WEEK WE WILL TAKE A WALKING FIELD TRIP TO A DIFFERENT PART OF CAMPUS FOR AN EDUCATIONAL EXPERIENCE. (EQUINE CENTER, DAIRY BARN, FISH HATCHERY, SHEEP AND GOAT BARNS)*

## AGES

**THIS CAMP IS INTENDED FOR CHILDREN AGES 6—13.** We will have activities for children in this age bracket.

Please do not send children that are older or younger.

**WE WILL NOT HAVE CAMP ON WEEKENDS OR DURING THE WEEK OF THE 4TH OF JULY**

## MEDICAL INFORMATION & PHOTO RELEASE

NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS CITY STATE /ZIP \_\_\_\_\_

CELL/HOME/WORK PHONES \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CONDITIONS/ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

I HEREBY GRANT PERMISSION for SUNY Cobleskill to distribute or publish photographs and images made of me on campus and/or during college associated events for the purpose of publicity, exhibition and/or marketing.

I REQUEST AND GRANT PERMISSION to the physicians and medical staff at locations near SUNY Cobleskill to treat the above-named participant appropriately, including hospitalization, prescribing medication and performing emergency medical procedures.

I AUTHORIZE release of any medical information which may be pertinent to any diagnosis or treatment of the above-named participant. I UNDERSTAND that any charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier which is:

\_\_\_\_\_  
MEDICAL INSURANCE CO.

\_\_\_\_\_  
POLICY #

\_\_\_\_\_  
INS.ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PARENT SIGNATURE