



2010
NAVY SQUASH CAMP
General Information

- **WHERE:**

United States Naval Academy
Annapolis, MD 21401

- **WHEN:**

Overnight Camp:
Sunday, July 11– Thursday, July 15, 2010

- **AGES:**

COED 10 – 18 years old

- **ENROLLMENT:**

- **Campers are strongly encouraged to send their complete application package in early to insure placement. Enrollment is limited to the first 40 campers. Applications are processed in the order they are received.**

- **TUITION (includes room and board):**

\$750.00 (non-refundable deposit of \$375.00 due with application, remaining balance due by June 4)

- **CAMP PROGRAM:**

5:1 student teacher ratio allowing a high degree of individual attention.

The forty campers will be divided into four teams designed to provide instruction in a college team atmosphere. Focus of camp will be on improving player's technique, tactics, mental toughness, physical fitness, as well as refereeing, scoring and videotape analysis.

- **FACILITIES & ACTIVITIES:**

Six air-conditioned international courts in Bancroft Hall. Six international courts in Halsey Field House, featuring two new three-glass wall exhibition courts.

- Students will be housed in the midshipmen dorm – Bancroft Hall with 24-hour adult supervision, and will dine in King Hall.
- In addition to instruction in squash, campers will participate in stretching class, sightseeing trips to Historic Annapolis, as well as on campus recreation.

- **INSTRUCTOR:**

Craig Dawson
Head Squash Coach
U.S. Naval Academy

Former Naval Academy All-American squash player and All-East college tennis player.

- **ARRIVAL AND ORIENTATION:**

Campers should plan to arrive on Sunday July 11, between 2:00 and 4:00 PM.

- **Additional camp information will be forwarded with acceptance package.**



**2010
NAVY SQUASH CAMP
Application Form**

NAME

	First	Last	Age	Male/Female
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ADDRESS:

Street

City

State

ZIP

HOME PHONE: _____

E-Mail Address: _____

Level of Play: _____

Please return completed application form, deposit and medical form to:

**NAAA
U.S. Naval Academy
566 Brownson Road
Annapolis, MD 21402-5040
Attn: Craig Dawson, Squash Coach**

**Make Checks payable to: NAVY SQUASH CAMP
Tax ID # 52-0613669**

For more information contact:

**Craig Dawson
410-293-2240 (W)
410-353-9190 (cell)
E-mail: cbdaws@comcast.net**



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Medical Form

Proof of Medical Insurance – a photocopy of your insurance card (front and back) must accompany your balance to complete registration.

Applicants Name: _____
Please print

Medical Treatment Authorization: I/We being the legal guardians of the above applicant authorize the Navy Squash Camp and its agent’s permission to request medical treatment as necessary to insure the well being of the applicant.

(Parent or Guardian Signature) *(Date)*

Insurance: All participants require coverage for accidental injury. Please complete the health care information below:

Health Insurance Carrier: _____ Policy Number: _____

I approve of my child’s attendance at the Navy Squash Camp and certify that he/she is in good health and able to participate in the program activities. I (am/am not) attaching a statement explaining special physical limitations and required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Navy Squash Camp accepting this application, I/we hereby agree to save and indemnify and keep harmless the Navy Squash Camp, its agents, and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as result of any course given the applicant of the Navy Squash camp.

(Parent or Guardian Signature) *(Date)*

All Applicants:

- When was your last complete physical exam? _____
- If you have any current/ongoing health problems, physical restrictions, allergies please attach a written description.