

2010 SuperCamps and SuperClinics

CAMPER'S REGISTRATION FORM

1. CAMPER AND COACH INFORMATION

Camper's Name _____
 School _____
 Grade in school as of May 1, 2010 _____
 Address _____
 Age _____ Height _____ Position (circle one) Guard Forward
 email address _____

Coach's Name _____ Home Phone _____

Roommate Request (one name only) _____

2. CAMP INFORMATION

CAMP YOU ARE REGISTERING FOR _____
 Dates of Camp you are registering for _____
 Location of Camp you are registering for _____
 Resident , Commuter or Day Camper? (please circle one)

3. PAYMENT INFORMATION

Camp Fees \$ _____ (please see camp brochure for fees)
 I am enclosing my: *Deposit* or *Full Payment* (please circle one) T-shirt Size _____
 Check # _____ Amount Enclosed \$ _____

Make checks payable to: SuperCamps & SuperClinics. Send completed *Registration Form* along with *Health and Liability Form* to SuperCamps & SuperClinics, PO Box 541, Canandaigua, NY 14424

This form may be photocopied for friends and teammates. Upon receipt of your Registration/Health Forms and payment, a confirmation notice will be mailed to you. Please keep the other half of this form, which contains additional information for campers.

G-10 for office use only F P ____ / ____ / ____

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HEALTH AND LIABILITY FORM

Camper's Name _____
 Parent / Guardian Name _____
 Street Address _____
 City/State/Zip _____
 Camper's Home Phone _____
 Parent / Guardian Business Phone _____
 List any physical conditions that the SuperCamps Staff or a physician should be aware of (i.e. allergies, reoccurring illness, disabilities, chronic illness, etc. _____

In case of injury, I understand that I will be contacted during the child's examination in the emergency department. If I am not available, please contact:
 Name: _____ Phone: _____
 Family Physician: _____ Phone: _____

List month and year in which this camper received the following immunizations:

Diphtheria _____ Tetanus _____ Measles _____ Mumps _____
 Rubella Poliomyelitis _____ Whooping Cough Varicella (chicken pox) _____
 Hepatitis b _____ Haemophilus Influenza b _____

Note: The immunization form must be completed in order for your child to participate!

Insurance Co:	Subscriber Name:	
Subscriber ID:	Plan #	Group #

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the **SuperCamps & SuperClinics** staff at the host facility or a physician to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary for my child. I understand that the consent and authorization granted herein does not include major surgical procedures and is valid only during the SuperCamp for which my child is registered.

I understand that neither SuperCamps & SuperClinics nor the host facility provides medical insurance for campers and that in the event of injury requiring treatment, hospitalization and/or surgery, our family medical insurance must be used, and I further represent that such insurance will be in effect during my child's camp stay.

I agree to assume full responsibility for any damages to property as a result of my child's actions while at camp. I further agree to reimburse the host facility for said damages.

I hereby waive and release SuperCamps & SuperClinics and the host facility from any and all liability for any injuries incurred by my child while attending camp.

I understand that my child is not to have a car on campus, and I have verified this with my son/daughter. I understand that failure to comply will result in dismissal from camp.

I have read and accept the early bird discount program and refund policy within.

Parent or Guardian Signature _____ Date _____