

Health & 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 illnesses, disabilities, chronic illnesses, 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 _____ Hepatitis B _____
 Haemophilus Influenza B _____ Varicella (Chicken Pox) _____ Rubella _____
 Poliomyelitis _____ Whooping Cough _____

NOTE: The immunization information 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 purposes 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. Failure to comply will result in dismissal from camp.*

➔ *I have read and accept the earlybird discount program and refund policy within.*

Parent or Guardian Signature _____

Date _____

Things to Know

MEDICAL INSURANCE

SuperCamps & SuperClinics
does not provide medical insurance for campers!

In the event of illness or injury requiring treatment, hospitalization, and/or surgery, family medical insurance must be used. **SuperCamps & SuperClinics** strongly recommends that camp participants be covered by personal/family insurance. Insurance information must be provided on the attached registration/health form. The signature of a parent or guardian granting permission to administer medical attention, if necessary, is required on the registration form. Medical care is provided by EMT's and certified athletic trainers, and care is available during the camp sessions and in the residence hall areas in the evening and at night. Medical emergencies are referred to the Health Center at the host facility or to area hospitals if necessary.

REGISTRATION

1) Complete the enclosed registration form. BE SURE TO COMPLETE BOTH SIDES, INCLUDING THE REQUIRED HEALTH / IMMUNIZATION AREAS! Send your registration to:

**SuperCamps, PO Box 541,
Canandaigua, NY 14424.**

2) A **non-refundable** deposit must be enclosed with your registration, and received by July 1st to reserve your spot! Full payment must be received by July 15th or SuperCamps has the right to go to its waiting list. **A \$25.00 late fee will be charged for all new registrations and final payments received after July 1st. There will be NO EXCEPTIONS to this policy. Please forward final payments and/or applications in a timely fashion. Thank you.

EARLYBIRD DISCOUNTS

• If applications/paid in full amounts of four or more participants from one team/school are submitted together in one envelope by April 15st, 2010, a total of \$20.00 per person may be taken!

REFUNDS

• Refunds will be given **for medical reasons only!** Upon receipt of a doctor's note, the participant will be given full credit toward a future SuperCamp or SuperClinic.

OTHER

- Upon receipt of your application, a confirmation letter will be mailed out containing detailed information regarding directions, what to bring, registration/pick-up times, etc.
- Commuters attend 9:00 AM - 9:00 PM (lunch/dinner provided)
- Make checks payable to:

SuperCamps & SuperClinics

SuperCamps & SuperClinics has a N.Y.S. Dept. of Health permit to operate and is inspected twice yearly. Inspection reports and required health plan will be on file and available for review.

PLEASE REMEMBER!

Enrollment is **LIMITED**, and registrations will be accepted on a "first-come/first-served" basis! **Don't delay!-Mail today!**
 Questions?... Call Coach Guy at (585)394-4299.

SuperCamps and SuperClinics
presents...

Celebrating our
21st Year!

2010
Girls' Basketball

SKILLS TRAINING ACADEMY

Ages 8-14

Finger Lakes Community College
Canandaigua, New York

August 8-12, 2010

Fundamentals - Fundamentals

We Teach Skills...

This Basketball Camp is designed to develop younger players.
 A comprehensive skills camp teaching offensive, defensive
 and team basketball concepts/techniques.
 Study skills, time management, weight training and
 nutrition sessions also provided!

Make No Mistake About It! You will Learn
 Skills! We Promise...

Players will leave this camp with an evaluation and an off-season training
 program to further continue their development.

Let Our Experience Be Your Guide!

Check us out on our web page at
www.supercampsandclinics.com
(Additional brochures available on-line!)

2010 Girls' Basketball Skills Training Academy

TRAINING ACADEMY HIGHLIGHTS

- Each participant will receive a personal evaluation of his basketball abilities
- Each participant will receive an off-season training program designed to further develop his skills
- Campers will have access to extra-help “offensive skills” stations
- Free water bottle
- Individual, team and all-star awards
- Free camp T-shirt

Travel Team Package

All travel teams with 10 or more players attending will be given a
Team Pizza Party

***** Youth, Modified and Freshman Divisions *****

**2010 SuperCamp Feature: Tim “The Target” Sullivan
ELITE SHOOTING INSTRUCTOR IN THE EAST!**

***** Parents! *****

*Do you desire a camp that provides a positive, well-rounded experience for your daughter? Do you insist on a safe environment, an experienced staff, and quality supervision during your daughter's stay? Would your daughter benefit from a camp that emphasizes **SKILL DEVELOPMENT** and **FUNDAMENTALS**, rather than the “games-only” approach taken by other camps? And would you like all of this without having to pay those outrageous fees? Our **SUPERCAMP** is all of this and more!*

***** The SuperCamp Difference *****

*Our staff has been carefully selected and includes some of the best Girls' Basketball Coaches in the state. They are here to **TEACH** and make you a total player! We have proven, successful coaches!*

*We teach **FUNDAMENTALS!** Our emphasis is on skill development, both at the individual level and team level. Our goal is to make each camper a more skilled, versatile, knowledgeable, and complete basketball player.*

We help you reach your goals!

Our program is designed for the younger players. We teach them skills and help develop their confidence in a positive way!

Compare our camp to other camps in New York State...

We offer you a chance to develop your overall skills in a positive, well structured environment!

What Makes a GREAT Basketball

COACHING STAFF

No other camp can compare their staff to ours!

Bob Guy, Camp Director

- Overall record: 401-89
- NCAA Final Eight: 1993, 1995
- New York State Coach of the Year: 1993, 1995
- Rochester Area Coach of the Year: 1995
- ECAC Championships: 1989, 1991, 1992
- SUNYAC Coach of the Year: 1991, 1994, 1995
- Section V Class “AA” Champions 2009
- SUNYAC Championships: 1993, 1995, 1996
- NCAA Eastern Region Coach of the Year: 1995
- Directed Basketball Camps for over 20 years
- Current Canandaigua Academy Head coach
- 2008 Section V Class “AA” Coach of the Year

John Wilbur, Assistant Director Midlakes High School

- Member of Midlakes Hall of Fame
- Member of FLCC Hall of Fame
- 1999-2000 Coach of the Year
- Outstanding Leader/Clinician

COLLEGIATE COACHING STAFF

ERIN SKARADEK

Oswego State

SAM RIZZO

Roberts Wesleyan College

BILL HENRY

FLCC

MIKE O BRIEN

Wells College

HIGH SCHOOL COACHING STAFF

JEFF SHIELDS

Lyons High School

COLLEEN SHERIDAN

Victor High School

AL BEST

Mynderse Academy

JESSICA QUICK

Wayne Central

ED COLLINS

Geneva High School

SHAWN REED

Victor High School

FEATURED GUEST CLINICIAN

Tim “The Target” Sullivan, Elite Shooting Instructor

The SuperCamp staff will include other quality High School and college coaches, as well as female college players to serve as junior instructors and aid in supervision.

We limit our basketball camp to only 160 athletes, not the 300+ that some camps try to fit into a week! This ensures that each camper will receive the **INDIVIDUAL ASSISTANCE** she deserves. Our emphasis is on **TEACHING** the fundamentals of the game and developing the **SKILLS** necessary for our athletes to excel at their position.

2010 Girls' Basketball Skills Training Academy

CAMPER'S REGISTRATION FORM

Camper's Name _____

School Name _____

School Address _____

Camper's Age _____ Camper's Height _____

(Usual) Position _____

Coach's Name _____

Coach's Home Phone _____

Camper's email address: _____

Your GRADE in
school as of
MAY 1, 2010
Grade _____

Please check the SuperCamp you wish to attend, and indicate payment below.

2010 Girls' Basketball Skills Training Academy at FLCC August 8-12	Check One Below	Full Payment	Deposit
	Basic Fees (If paid in full by July 15th):		
Resident Camper:	_____ \$385		_____ \$150
Commuter:	_____ \$345		_____ \$150
Day Camper:	_____ \$250		_____ \$100
Late Fees (If paid in full after July 15th):			
Resident Camper:	_____ \$410		
Commuter:	_____ \$390		
Day Camper:	_____ \$270		

Check #: _____ Total Amount Remitted: _____

(for office use only)

F _____ P _____

PLEASE NOTE: This form may be photocopied for other teammates. Upon receipt of your Registration/Health Form, a confirmation will be sent to you. Please keep the other half of this form, which contains additional information for campers. You will receive additional information and details from your coach.

T-Shirt Size(Circle One!) Small Medium Large

Roommate Request (One name only) _____

Make checks payable to:

SuperCamps & SuperClinics

Send completed (both sides!) registration form, along with payment to:

**SuperCamps & SuperClinics,
PO Box 541, Canandaigua, NY 14424.**

**You MUST complete the MEDICAL/HEALTH FORM
on the reverse side of this page!**