

## 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:		
Hamophilus Influenza B _____ Hepatitis B _____ Varicella (Chicken Pox) _____		
Diphtheria _____ Tetanus _____ Measles _____ Mumps _____		
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 15th. 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 May 1, 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 8:30 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

# Boy's Lacrosse JV/Modified TeamCamp

at Finger Lakes  
Community College  
Canandaigua, New York  
July 16th-18th

### GET A HEAD START ON THE COMPETITION

**Don't miss the opportunity to challenge your teammates and develop unity!**

All players have easy access to indoor facilities and outdoor fields. Unlike other camps, we **DO NOT** need to bus our participants to other sites. All facilities are within a short walking distance, including our excellent dining facilities, and new spacious, suite-style residence halls.

### Your team will...

- ...Learn team skills and concepts
- ...Work on game situation skills
- ... Play competitive games versus good competition in an atmosphere conducive to increasing your team's success.

### Let our experience be your guide!

**Don't miss this opportunity to get a head start on the competition!**

Check us out on our web page at

**www.supercampsandclinics.com**

(Additional brochures available on-line!)

## WHY CHOOSE SUPERCAMPS TEAMCAMP? TEAMCAMP HIGHLIGHTS

- Regulations allow *coaches the opportunity to coach their own team*, guiding them through meaningful practice sessions and preparing them for daily games. SuperCamps will provide a coach if your coach can not attend. (60 days notice required).
- Junior Varsity and modified teams are welcome!
- Team Members are housed together, providing an excellent team-building experience.
- TeamCamp will bring coaches and players closer together, while they gain confidence in themselves individually and as a team.
- Great food, evenings activities, and fun!
- *SuperCamp TEAMCAMP will make you a better team.*

## FINALLY TEAMCAMP AT AN AFFORDABLE PRICE!

This is the TeamCamp you have been looking for!

SuperCamps are among the most respected and popular in the State.

We provide a quality, well-rounded experience without the **expensive** price tag.

## LIMITED ENROLLMENT

We will only accept 24 teams to this Lacrosse TeamCamp.

Call **(585) 394-4299** to reserve your spot.

Additional brochures available on-line at

→ [www.supercampsandclinics.com](http://www.supercampsandclinics.com) ←

# WHAT MAKES A GREAT LACROSSE TEAMCAMP? COACHING

## TECHNICAL TRAINING STEP-BY-STEP

### CAMP DIRECTOR

#### JOHN C. JOHNSON

Coach Johnson is entering his fifth year as the head coach at St. John Fisher College after 26 years as the head coach at Canandaigua Academy. Coach Johnson has won over 400 games during his career including 6 Section V Championships, 13 Finger Lakes Titles, and 4 Western New York Championships. Coach Johnson has been named Finger Lakes Coach of the Year 7 times, and in 2008 was inducted in to the U.S. Lacrosse Hall of Fame. Much of Coach Johnson's success has come from his strong belief in developing fundamentals as the way to achieve your goals.

#### Mark Rice

- Assistant Lacrosse Coach at St. John Fisher College
- Coached at Penfield High School for 32 years
- 300+ wins
- 4 Sectional Titles, 5 Monroe County Titles
- 13 All-Americans
- Inducted into the Rochester Chapter U.S. Lacrosse Hall of Fame, 2008

## The Program

### TEAM BUILDING ON A NEW LEVEL

We will show you more techniques to build confidence, involve your team in competitive games, designed to create unity, and show you how to share success with each other to create a stronger team bond. Get a head start on the rest.

- Guarantee of 6-7 games and additional practice time if desired
- Outstanding facilities, including indoor fields, residence-style housing, and excellent dining facilities.
- Quality officiating
- Competitive but positive learning environment, stressing team play and sportsmanship
- Water bottle for each camper
- Reversible jersey with team colors for each participant

## Team Competition

Evening activities will include competition in the following challenging and fun contests.

**FLOOR HOCKEY / DODGEBALL / WIFFLE BALL**

## CAMPER REGISTRATION FORM

Camper's Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Campers Age \_\_\_\_\_

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

	Check One Below	Full Payment	Deposit
<b>2010 BOYS LACROSSE TEAMCAMP AT FLCC</b>	<b>Basic Fees (If paid in full by July 1st)</b>		
	Resident Camper	___\$245	___\$100
<b>JULY 16-18</b>	<b>Basic Fee (If paid in full after July 1st)</b>		
	Resident Camper	___\$270	

(for office use only)

F P

\_\_\_\_/\_\_\_\_/\_\_\_\_

Check #: \_\_\_\_\_

Total Amount Remitted:

\_\_\_\_\_

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!) Medium Large X-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!**