

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 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.

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:

Hampophilus 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 _____

SuperCamps and SuperClinics
presents...



2010

Boys' Volleyball

SKILLS SUPERCAMP

at New York
Chiropractic College

Seneca Falls, NY

July 25 - July 29

Ages 10-18

ATHLETES

Do you want to become a better player? Could you benefit from a staff of top-quality coaches dedicated to helping you improve your skills? Would you like the personal, one-on-one attention necessary to make you a better volleyball player? Would you like to showcase your skills during organized matches and individual contests? Do you enjoy GREAT food, fun-filled evenings, and facilities that are unmatched? Then you'll REALLY enjoy and benefit from our SUPERCAMP experience!

PARENTS

Do you desire a camp that provides a positive, well-rounded experience for your son? Do you insist on a safe environment, and experience staff and quality supervision during your son's stay? Would your son benefit from a camp that emphasizes SKILL DEVELOPMENT and FUNDAMENTALS, rather than the "matches-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!

Participants will receive 35 hours of volleyball activities!

This is a teaching camp.
"Let our experience be your guide..."

Check us out on our web page at
www.supercampsandclinics.com

(applications can be printed off our web page)

What is the SUPERCAMP Difference???

Our staff has been carefully selected and includes some of the best volleyball coaches in the area. They are here to TEACH and make you a total player! We have proven, successful coaches! Check us out!

We teach FUNDAMENTALS! Our emphasis is on skill development. Players have easy access to indoor facilities and outdoor courts. Unlike other camps, we DO NOT need to bus our participants to other sites. All facilities are within a short walking distance, including our camp "store", dining facilities, indoor swimming pool, tennis courts and raquetball courts!

Each Camper Receives:

FREE SuperCamp T-Shirt

FREE Personal Waterbottle

Personalized Skill Instruction

Quality individual and group instruction

An exceptionally safe, secure and enjoyable campus environment! We limit our volleyball camp enrollment to only 100 athletes, not the 300+ that some camps try to fit into a week! This insures that each camper will receive the INDIVIDUAL ASSISTANCE he deserves. Our emphasis is on TEACHING the fundamentals of the game and developing the SKILLS necessary for our athletes to excel. Special attention is given to younger athletes to provide a firm foundation for their future volleyball endeavors.

We believe... The QUANTITY of athletes in attendance is not nearly as important as the QUALITY of the instruction they receive!

Our facilities are unmatched the expansive fieldhouse and athletic complex at the New York Chiropractic College (Seneca Falls, NY) provides an excellent setting for our camps.

Schedule

Morning Sessions:

- **Skill Sessions:** passing, serving, setting, blocking, digging, hitting
- **Weight Training:** weights, plyometrics, water training

Afternoon Sessions:

- **Skill Sessions Continued**
- **Team Strategies/Concepts**
- **Nutrition Lectures**
- **Demonstrations and Lectures**

Evening Sessions:

- **Tactical Applications Of Skills:** game-like drills
- **Offensive/Defensive System/Strategies**
- **6-6 Drills, Matches and Scrimmages**

Evening Activities:

- **Video Sessions**
- **Swimming**

What makes a GREAT Volleyball Camp?

**6-1
Staff-to-Player
Ratio**

Coaching Staff

2010 Featured Speakers
and Clinicians

MIKE FUSARE

- Director of the Boys Volleyball Supercamp
- Head Coach, Penfield Boys
- Varsity Volleyball Program, 1995–Present
- 2009 NYS Champions
- 2000, 2006, 2007, 2008, 2009 Class A Section V Champions
- 2004, 2005 Class A Section Finalist
- 1998, 2000, 2002, 2004, 2005, 2007, 2008, 2009 Division Champions
- 1998, 2000, 2003 Class A Coach of the Year
- 2007 AGR Coach of the Year
- 2009 Nominee for National High

GREG KENNEDY

- Webster Schroeder Head Coach 1989–Present
- 3-Time Section V Class AA Championships
- Appeared in 7 consecutive finals
- 2008 Class AA Coach of the Year
- Outstanding clinician and motivator

STEVE BINTZ

- Assistant Coach, Pfeiffer University Mens and Womens teams
- Assistant Director of the Penfield Performance Volleyball Camps
- Member of the 2004 Section V Class A champion McQuaid
- Former president and Captain of Siena College Volleyball Team
- Clinician at camps across the Eastern United States

JOHN O'DELL

- Head Coach Fairport Varsity Boys, 2006–present
- Former member of McQuaid Volleyball
- 1996–1997 City Catholic League MVP

RICH NEWTON

- Collegiate player at Division II Lees McCraie College
- Member of 1998, 2000 Class A Division II champions
- Member of 2000 Class A Section V champions Penfield
- 3 year Varsity player
- Member of All county team 2000
- Penfield Boy's JV Coach
- Career Record 69-3

RYAN CHAPMAN

- Canandaigua Academy Head Coach
- Excellent instructor/motivator/clinician
- Numerous camp experience

The SuperCamp staff will include other quality High School coaches, as well as college players to serve as junior instructors and aid in supervision. We give you the attention you deserve and need to improve your game!

**SuperCamp enrollment is LIMITED!
Register Early!!!!**

2010 Boys' Volleyball Skills SuperCamp

CAMPER REGISTRATION FORM

Camper's Name _____
School Name _____
School Address _____

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

Camper's Age _____ Camper's Height _____ (usual) Position _____

Coach's Name _____ Coach's Home Phone _____

Camper's email address _____

**Boy's
Volleyball Skills
SuperCamp
at NYCC
2010
July 25 - July 29**

Check One Below

Resident Camper:
Full Payment _____ Deposit _____
_____ \$385 _____ \$100
Payments after July 15th:
Resident Camper:
_____ \$410

(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!**