

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

Distance Running SuperCamp

at Finger Lakes
Community College
Canandaigua, New York

August 1st-5th
Boys and Girls

Current Grades 6th-11th

PARENTS

Do you desire a camp that provides a positive, well-rounded experience for your child? Do you insist on a safe environment, and experienced staff and quality supervision during your child's stay? Would your child benefit from a camp that emphasizes SKILL DEVELOPMENT and FUNDAMENTALS, rather than the "meets only" approach taken by other camps? Would you like all of this at a reasonable rate?

Our SUPERCAMP is all of this and more!

We Teach Skills!

SuperCamps is a comprehensive skills camp teaching distance running skills by caring, motivational and successful coaches.

At SuperCamps, Fundamentals are... FUNDAMENTAL!

Let our experience be your guide!

You will learn skills! We Promise... Players will leave this camp with an evaluation and off-season training program to further continue their development.

Check us out on our web page at

www.supercampsandclinics.com

(Additional brochures available on-line!)

WHAT IS THE SuperCamp DIFFERENCE!?!...

Our staff has been carefully selected and includes some of the best running coaches in the area. They are here to **TEACH** and make you a better runner.

About the Camp:

Finger Lakes Running Camp is headquartered at Finger Lakes Community College, on the edge of picturesque Canandaigua Lake. Our Philosophy: To provide the opportunity and setting for those runners that want to take their running to the next level, and do so in a meaningful, safe, educational and fun environment. Excellent dining facilities and spacious suite style housing enhance the camp.

Finding the Best Inside of Yourself

A writing assignment will take place through the course of the camp. The primary purpose is to assist the runner with internalizing his or her running. The Theme of this writing will be:

Socrates "The Unexamined Life Is Not Worth Living"

An example of this might be:
What You Do As A Runner When No One Is Watching

These will be read at the end of the week.

Camp Areas of Focus:

- Form Drills
- Uphill/Downhill Running Techniques
- Yoga
- Weight Training
- Proper Warm Up/Cool Down
- Plyometrics
- Tai Chi
- Racing Tactics
- Cross Training
- Keeping A Training Log
- Goal Setting
- Nutrition
- Variables a Runner Can Control
- Imagery
- Relaxation
- The Science of Distance Running

Typical Day

6:30	Optional Workout: Easy Run / Stretching Yoga
7:00–7:45	Breakfast
8:00–8:30	Room Time / Assigned Cleaning / Writing
8:30–11:15	AM Run / Workout
11:45–12:45	Lunch
12:45–1:45	Free Time / Writing
2:00–3:15	Active Clinie (i.e. Videotaping Running Form)
3:30–5:30	PM Run / Workout
5:45–6:30	Dinner
6:30–7:30	Shower / Free Time / Writing
7:30–9:00	Speakers / Clinics
9:00–10:15	Ping Pong Tournament
10:15–11:00	Room Time
11:00	Lights Out

WHAT MAKES A GREAT DISTANCE RUNNING CAMP?

THE COACHING STAFF

CAMP DIRECTOR

MATT WARD - Canandaigua Academy

- 9 Year Coaching Veteran
- League Titles 2002, 2006, 2007, 2008
- Coach of the Year 2005, 2006, 2008
- 3 time Girls Section V Runner Up

CO-DIRECTOR

MIKE DEMAY - Rush Henrietta High School

- 10 Year Coaching Veteran
- Sectional Titles 2004, 2008, 2009
- Coaching Titles 2004, 2005, 2008, 2009
- Coach of the Year 2004, 2008, 2009

CO-DIRECTOR

JOE CONTARIO - Newark High School

- 35 Section V Championships in X-County, Indoor/Outdoor Track
- Numerous Coach of the Year Awards
- Dynamic, Respected guest speaker
- All SUNYAC and All-State at Geneseo State

Rob Wink – Finger Lakes Community College

Mike Woods – SUNY Geneseo

The Supercamps staff will include other quality High School coaches and Collegiate coaches, as well as college runners to serve as junior instructors and aid in supervision.

LIMITED ENROLLMENT

Enrollment is limited to 140 athletes, not the 300+ that some camps try to fit into a week. This ensures that each camper will receive the INDIVIDUAL ASSISTANCE he/she deserves. Our emphasis is on TEACHING the fundamentals of running and developing the SKILLS necessary for our athletes to excel. We believe the QUANTITY of athletes in attendance is not nearly as important as the QUALITY of the instruction they receive.

EACH CAMPER RECEIVES...

- ✓Free SuperCamp T-SHIRT!
- ✓Free Personal Water Bottle!
- ✓Quality Individual & Group Instruction!

CAMPER REGISTRATION FORM

Camper's Name _____

Circle One: Male Female

School Name _____

School Address _____

Campers Age _____

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
DISTANCE RUNNING CAMP	Basic Fees (If paid in full by July 1st)		
	Resident Camper	___\$385	___\$150
	Commuter	___\$335	___\$150
AUGUST	Day Camper	___\$250	___\$150
	Basic Fee (If paid in full after July 1st)		
1st–5th	Resident Camper	___\$410	___\$150
FLCC	Commuter	___\$360	___\$150
	Day Camper	___\$275	___\$150

(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!**