

Health & Liability Information

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: _____

*Please complete and return the Health Form with your application. Application and payment may be submitted prior to returning the Health Form but your Health Form **must be returned no later than July 1st!***

→ 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 1st 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 May 1st, 2011, 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 AM (lunch/dinner provided) Day Campers 8:30AM - 4:30 PM (lunch 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

Celebrating our
22nd Year!

presents...

**2011
GIRLS' BASKETBALL**

OFFENSIVE SKILLS

SUPERCAMP

July 10-14, 2011

at Colgate University, Hamilton, NY

Ages 8 -18

FEATURING:

Tim "The Target" Sullivan
Elite Shooting Instructor

Learn from top collegiate, high school and AAU coaches. Leave with added confidence and drills/goals to work on...

A Comprehensive Offensive Basketball Skills Training Academy for All Levels of Experience

Let Our Experience Be Your Guide!

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

(Additional brochures available on-line!)

THE PROGRAM

Offensive Skills Sessions

- Screening situations
- Movement without the ball
- Offensive rebounding skills
- Ball handling drills-n-skills
- Passing drills-n-skills
- Two/three player skills
- Transition drills-n-skills
- Off season weight training techniques

Shooting Skills Sessions

- Basic shooting form technique
- Footwork/agility drills-n-skills
- Free throw technique
- 1-1 offensive moves
- Jump shot technique
- 3 pt. shooting technique
- Weight training technique
- Off season shooting program

These are just some of the skills sessions offered during this unique offensive skills

Basic Camper Fees:

Resident Camper: \$395*
Commuter: \$345*
Day Camper: \$260

* If paid in full by JULY 1st

EACH CAMPER RECEIVES!

- 1) Free SuperCamp T-shirt
- 2) Free personal waterbottle
- 3) A personal evaluation (designed to help you reach your potential as a player!)
- 4) Individual and team awards
- 5) A 6-1 camper/coach ratio

What is 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! Then we give you a plan to work on!



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!

What Makes a GREAT Basketball Camp?

COACHING STAFF

No other camp can compare their staff to ours!

Bob Guy - Camp Director

- Overall record: 411-97
- 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
- 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
- 2009 Section V Class "AA" Champions

Mike Skaradek - Assistant Director

- Utica Lady Knicks
- Former Division I Player
- Assistant Coach - Utica Tech
- Outstanding Clinician

Tim Sullivan - Guest Clinician

- Tim "The Target" Sullivan is one of the premier shooting instructors in the country.

COLLEGIATE COACHING STAFF

SAM RIZZO H-F-L	GINA BOYD Alfred State College	ERIN SKARADEK Oswego State
DAVE SWEET Keuka College	MIKE O'BRIEN Wells College	BILL HENRY FLCC

HIGH SCHOOL COACHING STAFF

TERRI LEONARD HAC	JOHN WILBUR Midlakes HS	MARTINA TOOLEY Northville HS
JEFF PARIZEK Irondequoit HS	JESSICA QUICK Wayne HS	ERIN CUNNINGHAM Penn Yan HS

*The SuperCamp staff will include other quality High School coaches and Collegiate coaches, as well as female college players to serve as junior instructors and aid in supervision. Are you afraid to take shots in a game? Do you lack confidence in your scoring ability? Are you frustrated with your offensive skills? Do you want to be a offensive-minded player? **This is the SuperCamp for you...we repeat! We Will Teach You To Be An Offensive Threat!***

FEATURED GUEST CLINICIAN

Tim "The Target" Sullivan

Tim is recognized as one of the top shooting instructors in the country. His "stay on line till the ball goes through the twine" motto will guide you to success! Do not miss this GREAT OPPORTUNITY to learn how to shoot!

2011 Girls' Offensive Skills SuperCamp

CAMPER'S REGISTRATION FORM

Camper's Name _____

School Name _____

School Address _____

Camper's Age _____ Camper's Height _____

(Usual) Position _____ Guard _____ Forward _____

Coach's Name _____

Coach's Home Phone _____

Camper's email address: _____

Your GRADE in school as of MAY 1, 2011
Grade _____

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

2011 Girls' Basketball Offensive Skills SuperCamp at Colgate University July 10-14	Check One Below	Full Payment	Deposit
	Basic Fees (If paid in full by July 1st):		
	Resident Camper:	____\$395	____\$150
	Commuter:	____\$345	____\$150
	Day Camper:	____\$260	____\$100
	Note:	\$25.00 additional fee for applications after July 1, 2011	

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 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!