

## 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, recurring 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 10th!***

→ 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 10th 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 April 15th, 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 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...

# TEAMCAMP PLUS

Celebrating our  
**22nd Year!**

**2011**  
**Girls' Basketball**

# TEAMCAMP

**July 17-21, 2011**  
**at Colgate University**  
**Hamilton, New York**

**Get A Head Start on the Competition**

**Don't miss this opportunity to:**

**Challenge your teammates,**

**Develop team unity,**

**Learn from the top college coaches,**

**while you also have a great time...**

**Questions? Call 585-394-4299**

**Let Our Experience Be Your Guide!**

Check us out on our web page at

**www.supercampsandclinics.com**

*(Additional brochures available on-line!)*

## Why Choose SuperCamps TEAMCAMP?

### TEAMCAMP HIGHLIGHTS

- **Outstanding facilities.** Our TeamCamp location has at least three full indoor college courts along with outdoor courts for extra practice sessions.
- Regulations allow **high school coaches the opportunity to coach their own team**, guiding them through meaningful practice sessions and preparing them for daily (multiple) games. SuperCamps will provide a coach if your coach can not attend (60 days notice required).
- **Skills sessions** are provided, along with extra-help stations as requested.
- **Guest lecturers** (including top college coaches) will address the entire camp daily. Female college players serve as junior instructors and aid in supervision
- **Quality officials**, including ECAC and local, will attend.
- **Both varsity and junior varsity teams are welcome!** Coaches will have the option of playing in either an "A" or "B" division depending on the strength of his/her squad.
- **Team Members are housed together**, providing an excellent team-building experience.
- Great food, evening activities, and fun!
- **SuperCamps and SuperClinics 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!

*Learn game situation skills, offensive and defensive team concepts, and individual fundamental skill from top college and high school coaches and college players!*

additional brochures available on-line at  
[www.supercampsandclinics.com](http://www.supercampsandclinics.com)

## What Makes a GREAT Basketball Team Camp?

### THE COACHING STAFF

#### Bob Guy, Camp Director

- Overall record: 411-97
- NCAA Final Eight: 1993, 1995
- New York State Coach of the Year: 1995
- Rochester Area Coach of the Year: 1995
- Over 20 years experience directing basketball camps
- ECAC Championships: 1998, 1991, 1992
- SUNYAC Coach of the Year: 1991, 1994, 1995
- SUNYAC Championships: 1993, 1995, 1996
- NCAA Eastern Region Coach of the Year: 1995
- Current Canandaigua Academy Head Coach
- 2008 Section V Class "AA" Coach of the Year
- Section V Class "AA" Champions 2009

#### Asst. Directors, Clinicians & Lecturers

**MIKE O'BRIEN**  
Wells College

**MICHELE DAVIS**  
Utica College

**ERIN SKARADEK**  
Oswego State

**TIM "THE TARGET" SULLIVAN**  
Shooting Instructor

**BETH RECORD**  
Fmr. WNBA Player  
FLCC Asst. Coach

**BILL HENRY**  
FLCC



### THE PROGRAM

#### Team Building on a New Level

Once again we've improved the original team-building program. We will show you more techniques to build confidence, involve your team in new 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. Staff available to assist with daily practices as requested. If your coach can't make it to camp, we will provide one!

- Guarantee of 12-14 games and 6-10 hours of additional practice time
- Outstanding facilities, including indoor courts, outdoor courts, residence-style housing, excellent dining facilities, swimming pool, tennis courts, racquetball courts, etc.
- Quality officiating - ECAC and local officials
- Competitive but positive learning environment, stressing team play and sportsmanship
- Water bottle for each camper

## 2011 Girls' Basketball TeamCamp

### CAMPER 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: \_\_\_\_\_

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

2011 Girl's Basketball Traditional TeamCamp at Colgate University July 17-21	Check One Below	Full Payment	Deposit
	<b>Basic Fees (If paid in full by July 1st):</b>		
	Resident Camper:	___\$345	___\$100
	<b>Basic Fees (If paid in full after July 1st):</b>		
	Resident Camper:	___\$370	___\$100
	Commuter:	___\$305	___\$100
	Commuter:	___\$330	
***Early Bird Discount Program - \$20 off per player for 4 or more applications paid in full and received before April 15, 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!**