

# HEALTH & LIABILITY FORM

# THINGS TO KNOW

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 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: \_\_\_\_\_

→ List month and year in which this camper received the following immunizations:  
Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
Haemophilus Influenza B \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_ 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 an 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 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 \_\_\_\_\_

## 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 and 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 the 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 June 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 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 9:00am - 9:00am (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...*

**2011**

# TIM "THE TARGET" SULLIVAN SHOOTING SKILLS TRAINING ACADEMY

Celebrating our 22nd year!

July 29th – July 31st

**Finger Lakes Community College**  
Canandaigua, New York

Open to Both Boys and Girls  
Currently in Grades 4 -11

## 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!

Check us out on our web page @  
**www.supercampsandclinics.com**  
(Additional brochures available online!)

## PARENTS...

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

### Our SUPERCAMP is all of this and more!

#### The SuperCamp Difference

We are the most COST EFFECTIVE of all camps. For your hard-earned dollar and investment on time, you receive the best possible VALUE... a quality camp experience that will result in MARKED IMPROVEMENT in individual shooting skills. Unlike other camps that push for the largest possible number of campers, we limit our enrollment to be sure each athlete receives truly individual attention.

Our facilities are EXCELLENT. Both colleges offer a beautiful setting, spacious dorms, superb food, and athletic facilities that are second to none. (Directions to camp can be found on the web at [www.supercampsandclinics.com](http://www.supercampsandclinics.com)).

\* **Air Conditioned Residence Halls** \*

## TYPICAL DAILY SCHEDULE

### Morning Sessions

- Form shooting instruction
- Set shooting technique sessions
- Free throw shooting sessions
- Advanced 3 pt. shooting sessions

### Afternoon Sessions

- Jump shot technique sessions
- Offensive moves to hoop sessions
- Advanced 1-on-1 moves sessions
- Set shooting Technique sessions

### Evening Sessions

- Shooting contests
- 2-On-2 and 3-on-3 contests
- Team games
- Individual shooting help

### "Extra" Bonus Info.

- Camper's receive off-season plan
- Access to Tim's website information
- Tim's personal shooting evaluation
- Mailings to clinics in fall/winter

## PLEASE NOTE:

If you are attending one of our other **SuperCamps** in 2011, you can take a \$25.00 discount. (Maximum total discount not to exceed \$25.00)

## 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
- 2008 Section V Class "AA" Coach of the Year
- 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
- Finger Lakes East Champions 2008
- 1981, 2008 Finger Lakes East Coach of the Year
- Section V Class "AA" Champions

## FEATURING:

### TIM "THE TARGET" SULLIVAN ELITE SHOOTING INSTRUCTOR

- Former ABA Player
- NBA Player Shooting Instructor
- Collegiate Player Shooting Instructor
- Coaching Experience at Collegiate and High School Level
- SuperCamps Shooting Instructor
- Outstanding Clinician and Motivational Speaker
- Has run Shooting Clinics all Over the East Coast

*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?*

## EACH CAMPER RECEIVES:

- 1) Free SuperCamp T-shirt
- 2) Free personal waterbottle
- 3) Individual and team awards
- 4) A 7-1 camper/coach ratio

Enrollment is limited to 100 total participants! Boys and girls are housed separately with evening "fun" Activities combining both groups. There will be supervision at all times during your child's stay. Please contact us with your questions/concerns.

## TIM "THE TARGET" SHOOTING SKILLS TRAINING ACADEMY

### CAMPER'S REGISTRATION FORM

Camper's Name \_\_\_\_\_ B G (circle one)

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

Your GRADE in school as of MAY 1, 2011  
Grade \_\_\_\_\_

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

Camper's Age \_\_\_\_\_ Camper's Height \_\_\_\_\_

(Usual Position) \_\_\_\_\_ Guard \_\_\_\_\_ Forward \_\_\_\_\_

Coach's Name \_\_\_\_\_

Coach's Home Phone \_\_\_\_\_

Camper's Email Address \_\_\_\_\_

20  
11

TIM "THE TARGET" SHOOTING SKILLS ACADEMY

#### Location

July 29-31 at FLCC

#### Basic Fees (If paid in full by July 15th):

Full Payment	Deposit
____\$300 (resident)	____\$150
____\$250 (commuter)	____\$150

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!**