

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 _____

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 15, 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 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...

2011

Celebrating our
22nd Year!

Soccer Training Academy

at Finger Lakes
Community College
Canandaigua, New York

July 17th-21st

Boys and Girls
Ages 10-18

PARENTS

Do you desire a camp that provides a positive, well-rounded competitive 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 SKILL DEVELOPMENT and FUNDAMENTALS, rather than the "games only" approach taken by other camps? Would you like all of this at a reasonable rate?

Our SUPERCAMP is all of this and more!

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 soccer player? Would you like to showcase your skills during organized games 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!

Check us out on our web page at

www.supercampsandclinics.com

(Additional brochures available on-line!)

WHY CHOOSE SUPERCAMPS SKILL CAMP?

We are the most cost effective of all the camps. For your hard-earned dollar and investment of time, you receive the best possible **VALUE**, and a quality camp experience that will result in **MARKED IMPROVEMENT** in individual and team soccer skills.

Our facilities are **EXCELLENT!** The athletic complex at the Finger Lakes Community college provides an excellent setting for our camps.

Our staff has been carefully selected and includes some of the best soccer coaches in the area! They are here to teach and help make you a total player.

We teach **FUNDAMENTALS!** Our emphasis is on skill development, both at the individual and team level. We can help YOU reach YOUR GOALS as a player.

We offer **AIR-CONDITIONED**, suite-style apartments!

EACH CAMPER RECEIVES...

✓ **Free SuperCamp T-SHIRT**

✓ **Free Personal Water Bottle!**

✓ **Quality Individual & Group Instruction!**

The Program

Our skills camp is committed to instructing individuals on the technical skills necessary to be competent soccer players. Receiving the ball, dribbling, individual moves, shooting, heading, tackling and passing will be covered in the morning sessions.

The afternoon training will be centered on small-number tactical situations: 1v1, 2v1, 1v2, 2v2, 3v2, etc. The focus will be on teaching players how to recognize, attack and defend in these situations.

The evening sessions will be devoted to the development of tactical education in controlled and open scrimmages.

Goalkeeper training will also be available.

WHAT MAKES A GREAT SOCCER CAMP? THE COACHING STAFF

CAMP DIRECTOR

ERIC MARSH

- **All American**
- **Division I Athlete – Canisius College**
- **Vermont Voltage – Premier Developmental League**
- **Soccer Coordinator at Finger Lakes CC**
- **63-14-4 Record**
- **Coached Number 1 team in the Nation in '08**
- **Produced 7 All-American Players**
- **Coach of the Year in '08 & '10 (MSAC/Region III NJCAA)**

Marsh has been in action coaching at Finger Lakes Community College for the past five seasons. In his tenure with the women's program he has led his team to the Region III Championship game for three consecutive seasons. In each of these three seasons the team has been ranked in the top ten nationally.

Marsh was also the recipient of the 2008 & 2010 MSAC Coach of the Year award with a 63-14-4 record. He has also compiled 7 Athletic All Americans, 14 Academic All Americans, 2 Conference Players of the Year and 1 Regional Player of the Year.

In addition to the above coaching staff, a variety of former elite, college soccer players, local high school and college coaches will be participating. These coaches will be running specific training sessions and speaking on different topics, i.e., how to prepare for your high school soccer season.

CAMPER REGISTRATION FORM

Camper's Name _____

School Name _____

School Address _____

Campers Age _____

Usual Position _____

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

CO-ED SOCCER TRAINING ACADEMY AT FLCC JULY 17-21	Check One Below	Full Payment	Deposit
	Basic Fees (If paid in full by July 1st)		
Resident Camper	___\$395	___\$100	___\$100
Commuter	___\$345	___\$100	___\$100
Day Camper	___\$250	___\$100	___\$100

(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!**