

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...

2010

Upstate Elite Soccer SuperCamp

at Finger Lakes
Community College
Canandaigua, New York

July 25th-29th

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, 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 "contests only" approach taken by other camps? Would you like all of this at a reasonable rate?

Our SUPERCAMP is all of this and more!

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.

Also included in the price of the camp is our "Pro Package" giving all campers free admission to any Rochester Rhinos or Rochester Ravens home contests. A truly "unbelievable" offer exclusively through SuperCamps.

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 soccer coaches in the area. They are here to **TEACH** and make you a total player. We have proven, successful coaches! Check us out!

We teach **FUNDAMENTALS!** Our emphasis is on total player development. Players have easy access to indoor facilities and outdoor fields. Unlike other camps, we **DO NOT** need to bus our participants to other sites. All facilities are within a short walking distance, including our excellent dining facilities and spacious suite style residence halls.

EACH CAMPER RECEIVES...

- ✓Free SuperCamp T-SHIRT & SOCCER BALL!
- ✓Free Personal Water Bottle!
- ✓Quality Individual & Group Instruction!
- ✓Pre-Season Training Program!

“PRO-PASS 2010” This exclusive offer gives every participant free admission to any Rochester Rhinos or Rochester Ravens home contest!

The Program

Technical Topics

- Dribbling
- Passing
- Receiving
- Finishing
- Heading
- Crossing
- Goal Keeping
- The Stance
- Shot Blocking
- Handling Crosses
- Distribution

Fitness Topics

- Endurance
- Recovery Training
- Aerobic Low Intensity
- Aerobic High Intensity
- Heart Rate
- Speed Training
- Flexibility

Psychological Tactics

- Mental Prep for Training and Matches
- Attitude
- Character
- Communication
- Dealing with Adversity
- Winning Within the Game

Tactical Topics

- Defending
- Combination Play
- Possession
- Penetration
- Team Tactics
- Defending
- Attacking

LIMITED ENROLLMENT

Enrollment is limited to the first 100 boys and 100 girls to register. “First Come – First Served”, so don’t delay!

WHAT MAKES A GREAT SOCCER CAMP? THE COACHING STAFF

CAMP DIRECTOR

DOUG MILLER

- Former Professional Soccer Player (Rochester Rhinos; A-League MVP 1997)
- United States Soccer Federation National A License
- Director of Operations, Doug Miller 19, Inc.
- Produced Fitness Video “Fit, Fast, and Functional”

Mark Howlett

- Rochester Ravens Head Coach
- United States Soccer Federation National B License
- NSCAA “Advanced National” Diploma
- Former All-America Player for Judson University

Steve Christensen

- United States Soccer Federation National A License
- Olympic Development Coach (New York State West)
- Olympic Development Coach of the Year 2009
- Former Head Coach: Men’s Soccer at Utica College

Adam Schwartz

- United States Soccer Federation National B License
- Assistant Coach at Roberts Wesleyan College
- Olympic Development Coach of the Year 2004
- Olympic Development Academy Coach

John Berardicutri

- NSCAA National Diploma
- Roberts Wesleyan College Men’s Soccer Asst. Coach

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.

College Showcase Day Wednesday, July 28

Several local college coaches will be in attendance to evaluate players during training sessions.

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, 2010
Grade _____

Please check the SuperCamp You Wish To Attend, and indicate payment below

UPSTATE ELITE SOCCER CAMP AT FLCC	Check One Below	Full Payment	Deposit
	Basic Fees (If paid in full by July 1st)		
Resident Camper	___\$495		___\$200
Day Camper	___\$350		___\$200
	Basic Fee (If paid in full after July 1st)		
JULY 25-29			
Resident Camper	___\$520		___\$200
Day Camper	___\$375		___\$200

(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!