

Health & Liability Information

Camper's Name _____

Parent/Guardian Name _____

Street Address _____

City/State/Zip _____

Camper's Home Phone _____ Parent cell phone _____

Parent/Guardian email _____

➔ 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: _____

Final Payments Must Be Received Two Weeks Prior to Camp Start Date

➔ 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. Send your registration to:

**SuperCamps, PO Box 541,
Canandaigua, NY 14424.**

2) A **non-refundable** deposit must be enclosed with your registration. Full payment must be received two weeks prior to camp start date or SuperCamps has the right to go to its waiting list. 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, 2017, 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.
- Day Campers attend the 1st day from 6:00 - 9:00, and the next two days from 8:30 - 4:30. Last day session is from 8:30 - Noon.
- Make checks payable to:

SuperCamps & SuperClinics

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) 478-7111
or e-mail him at: rguy2@rochester.rr.com

SuperCamps and SuperClinics

Celebrating our
28th Year!

presents...

2017

BOYS' BASKETBALL

OFFENSIVE SKILLS

SUPERCAMPS

at Alfred University, Alfred, NY

June 26 - 29

at Roberts Wesleyan College, Rochester, NY

July 18 - 21

at Morrisville College, Morrisville, NY

July 30 - August 2

Current Grades 4th - 10th

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.supercampsandsuperclinics.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

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
- Off season shooting program

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

EACH CAMPER RECEIVES!

Basic Camper Fees:

- Resident Camper: \$325
- * Day Camper: \$150

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

PARENTS...

- ✓ Do you desire a camp that provides a positive, well-rounded experience for your son?
- ✓ Do you insist on a safe environment, an experienced staff, and quality supervision during your son's stay?
- ✓ Would your son 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 this without having to pay those outrageous fees?

Our SUPERCAMP is all of this and more!

What Makes a GREAT Basketball Camp?

COACHING STAFF

Bob Guy - Camp Director

- Overall record: 432-102 (.809)
- 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
- 2008 Section V Class "AA" Coach of the Year
- 2009 Section V Class "AA" Champions

Our camp will feature successful high school and collegiate coaches as instructors as well as current and former collegiate players to serve as junior staff.

Quality coaching ... WE TEACH SKILLS!

*More Camp and Staff Information at:
www.supercampsandsuperclinics.com*

- ~ 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 an offensive-minded player?

This is the SuperCamp for you ... we repeat!

We Will Teach You To Be An Offensive Threat!

All campers are housed in the residence halls near to dining facilities and the gym and campers are well supervised 24-7 by the SuperCamp Staff.

2017 Boys' 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, 2017
Grade _____

Please check the SuperCamp you wish to attend, and indicate payment below.
 Note: \$25.00 additional fee for applications after July 15, 2017

	Check One Below	Full Payment	Deposit
Alfred University June 26 - 29	Basic Fees)		
	Resident Camper:	_____ \$325	_____ \$100
	Day Camper:	_____ \$150	_____ \$100
Roberts Wesleyan College July 18 - 21	Check One Below	Full Payment	Deposit
	Basic Fees		
	Resident Camper:	_____ \$325	_____ \$100
Day Camper:	_____ \$150	_____ \$100	
Morrisville College July 30 - August 2	Check One Below	Full Payment	Deposit
	Basic Fees		
	Resident Camper:	_____ \$325	_____ \$100
Day Camper:	_____ \$150	_____ \$100	

Check #: _____ Date: _____ 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.