

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: _____

Please Remember To Hand In Your Registration Form Along With Your Payment To Your Coach To Be Mailed In As A Team.

→ 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.

REGISTRATION

1) Complete the enclosed registration form. **BE SURE TO COMPLETE BOTH SIDES, INCLUDING THE REQUIRED HEALTH 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 June 15th to reserve your spot! 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 TEAM DISCOUNTS

• If eight or more registration forms are sent in **TOGETHER** in the same envelope with **FULL PAYMENT** by **MAY 15th** a **\$10.00 DISCOUNT** may be taken for each player on the team. All forms must be complete!

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.

PLEASE GIVE FORM & PAYMENT TO YOUR COACH TO BE SENT IN AS A TEAM!

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 & SuperClinics



Celebrating our 28th Year

presents...

Girls Basketball Weekend TeamCamp

@ SUNY Canton
Canton, New York
July 14-16

@ Roberts Wesleyan College
Rochester, New York
August 4-6

**OPEN TO
VARSITY-JV-MODIFIED
TEAMS**

**GET A HEAD START
ON THE COMPETITION**

Don't miss this opportunity to:

- Challenge Your Teammates
- Develop Team Unity
- Bond As A Team On and Off The Court

Check us out on our web page at www.supercampsandsuperclinics.com
(Additional brochures available on-line!)
Questions: Contact Coach Guy
585-478-7111 rguy2@rochester.rr.com

Why Choose SuperCamps TeamCamp?

TEAMCAMP HIGHLIGHTS

- Quality Facilities ... Our TeamCamp location has four full-sized courts.
- Quality Officials, including ECAC and local, will attend.
- Great Food, evening activities, coach's chalk talk and social activities for coaches/players.

All Teams Are Guaranteed 6 Games Overtime Games - Special Situation Games Varsity Level Has "A" and "B" Divisions Team Championship Awards

Regulations allow high school coaches an opportunity to coach their own teams, guiding them through meaningful game situations during regular play, playoffs and overtime games. SuperCamps will provide a coach if your coach is unable to attend. *(must have 30 days notice)*

Team members are housed together providing an Excellent Team Bonding opportunity! Coaches have an opportunity to learn from each other and share ideas. Players have an opportunity to meet with new friends and develop lasting relationships.

FINALLY AN AFFORDABLE TEAMCAMP!

SuperCamps is committed to providing a QUALITY TEAMCAMP EXPERIENCE without the expensive price tag.

We have been in the business for over 28 years and our camps are well organized, well supervised and well run from start to finish.

Do not be fooled by the inexpensive costs. You will not be disappointed!

WHAT PARENTS NEED TO KNOW

- Players are supervised 24-7 by their coach and the SuperCamp staff
- A medical person is on campus the entire camp session
- Special meal requests can be accommodated with prior notice
- Coaches and players are held to the highest standards during camp

LET OUR 28 YEARS OF EXPERIENCE BE YOUR GUIDE

TEAMCAMP REGISTRATIONS OPTIONS

Team as Residents

- Team members housed together
- Minimum 8 players per team
- All meals provided during session
- Coach and staff provide supervision

Team as Commuters

- Team members commute with coach
- Minimum 8 players per team
- Team members responsible for own meals
- Coach is responsible for supervising team

INFORMATION ABOUT WHAT TO BRING, CAMP SCHEDULE, REGISTRATION, DIRECTIONS TO CAMP, SPECIAL MEAL REQUESTS AND DEADLINES ONLINE: WWW.SUPERCAMPSANDSUPERCLINICS.COM

SUPERCAMP TEAMCAMP STAFF

**Roberts Wesleyan
Bob Guy - Co-Director**

- Former SUNY Geneseo Coach
- SUNYAC Titles 1993, 1995, 1996
- NCAA Final "8" 1993, 1995
- SUNYAC Coach of the Year 1991, 1994, 1995
- ECAC Championships 1989, 1991, 1992
- Section V Class "AA" 2008 Coach of the Year
- Section V Class "AA" Champions 2009
- Overall Coaching Record 432-102 (.809)

**SUNY Canton
Jim DiSalvo - Co-Director**

- North Country Fury Director
- Canton HS Head Coach
- 2016 State Finalists
- Canton Hoopsters Organization
- SuperCamp Co-Director
- Fury Tournament Director
- Outstanding Motivational Instructor
- Organized Clinics at SUNY Canton

ADDITIONAL COLLEGE PLAYERS TO SERVE AS JUNIOR STAFF

LIMITED ENROLLMENT

We will only accept 24 teams to this TeamCamp. Each team must have a minimum of eight players. Spots will be reserved on a "first come-first served basis" upon the receipt of Team Registrations/Deposits or Full Payments. Additional brochures are online. **Coaches: it is preferred that you collect all registration and deposits/full payments and mail them in as a group. Thank you.**

2017 TEAMCAMP ... a competitive but positive learning experience stressing team play, leadership skills, good sportsmanship and heartfelt team spirit during all the camp comtests.

Girls Basketball TeamCamp Registration

Camper's Name _____
School Name _____
Camper's Age _____ Position _____ Ht. _____

Your Grade in School as of May 1, 2017
Grade _____

Coach's Name _____

Coach's Email Address: _____

Coach's Cell Phone # _____

Camper's Email Address _____

	(Check Below)	Full Payment	Deposit
Girls Basketball TeamCamp @ Roberts Wesleyan College	Resident: _____	\$175	\$100
	Commuter: _____	\$100	\$50
Girls Basketball TeamCamp @ SUNY Canton	Resident: _____	\$175	\$100
	Commuter: _____	\$100	\$50

PLEASE GIVE FORM & PAYMENT TO YOUR COACH TO BE SENT IN AS A TEAM

Ck #: _____ Date: _____ Total Amt. 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.

Roommate Request

(One name only) _____

Make checks payable to:

SuperCamps & SuperClinics

Please send registration form/payment to:

**SuperCamps & SuperClinics
PO Box 541, Canandaigua, NY 14424**