

HEALTH & LIABILITY INFORMATION

Camper's Name: _____

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Camper's home phone: _____

Parent cell phone: _____

Parent/Guardian E-mail: _____

→ 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: _____

→ 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 early bird discount program and refund policy within.

Parent or Guardian Signature: _____

Date: _____

THINGS TO KNOW

Medical Insurance

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.

Early Bird Discounts

If applications/paid in full amounts of four or more participants from one team/school are submitted together in one envelope by May 1st, 2017, a total of \$20.00 off 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 will have lunch/dinner provided.

Make checks payable to: SuperCamps & SuperClinics

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**

Note: Recommendation form can be sent in at a later date.

2. A non-refundable deposit must be enclosed with your registration, and received by July 15th to reserve your spot. A \$25.00 late fee will be charged for all final balances and new registrations received after July 15th. There will be NO EXCEPTIONS to this policy. Thank you!

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 email him at: **rguy2@rochester.rr.com**

SUPERCAMPS AND SUPERCLINICS

presents...

THE ULTIMATE TALL GAL POINT GUARD GIRLS BASKETBALL SUPERCAMP



AGES 12-18

AT ROBERTS WESLEYAN COLLEGE
ROCHESTER, NY
JULY 21-23, 2017

AT COLGATE UNIVERSITY
HAMILTON, NY
JULY 27-29, 2017

The "Ultimate Tall Gal – Point Guard Camp" is for the "SERIOUS MINDED" player only. All participants must submit a recommendation form to be completed by their High School/AAU Coach with their registration.

For more information check out our website:
www.supercampsandsuperclinics.com

CELEBRATING OUR 28TH YEAR!