

## Health & Liability Form

Camper's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Camper's Home Phone \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_

→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: \_\_\_\_\_

*Upon receipt of your application  
a required Colgate University  
Health Form will be sent to you.*

→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, and received by June 25th to reserve your spot! Full payment **must** be received by July 7th 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 7th. 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 March 15, 2019, 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 9:00 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) 478-7111.

SuperCamps and SuperClinics  
presents...

# TEAMCAMP PLUS

**2019**  
**Boys' Basketball**

# TEAMCAMP

Celebrating our  
30th Year!

**July 22-26, 2019**  
**at Colgate University**  
**Hamilton, New York**

**Get a Head Start on the Competition**

**Don't miss this opportunity to:**  
**Challenge your teammates,**  
**Develop team unity,**  
**Learn from the top college coaches,**  
**while you also have a great time ...**

**Let Our Experience Be Your Guide!**

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**

## NEWS! NEWS! NEWS!

All teams will be housed  
in the University Court  
and Parker Apartments!

View University Apartments At:  
[www.colgateuniversity.com/campus-life](http://www.colgateuniversity.com/campus-life)  
Refrigerators, cable, wi-fi, sleeps 4-6  
All meals/program held near gym

### Why Choose SuperCamps TEAMCAMP?

#### TEAMCAMP HIGHLIGHTS

- **Outstanding facilities.** Our TeamCamp location has at least three full indoor college courts along with outdoor courts for extra practice sessions.
- Regulations allow **high school coaches the opportunity to coach their own team**, guiding them through meaningful practice sessions and preparing them for daily (multiple) games. SuperCamps will provide a coach if your coach can not attend (60 days notice required).
- **Skills sessions** are provided, along with extra-help stations as requested.
- **Guest lecturers** (including top college coaches) will address the entire camp daily. Male college players serve as junior instructors and aid in supervision.
- **Quality officials**, including ECAC and local, will attend.
- **Both varsity and junior varsity teams are welcome!** Coaches will have the option of playing in either an "A" or "B" division depending on the strength of his/her squad.
- **Team Members are housed together**, providing an excellent team-building experience.
- Great food, evening activities, and fun!
- **SuperCamps and SuperClinics TEAMCAMP will make you a better team!**

#### FINALLY TEAMCAMP AT AN AFFORDABLE PRICE!

This is the TeamCamp you have been looking for!  
SuperCamps are among the most respected  
and popular in the State. We provide  
a quality, well-rounded experience  
without the expensive price tag!

*Learn game situation skills, offensive and defensive team concepts,  
and individual fundamental skill from top college and high school  
coaches and college players!*

additional brochures available on-line at

[www.supercampsandsuperclinics.com](http://www.supercampsandsuperclinics.com)

### What Makes a GREAT Basketball Camp?

## THE 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
- Over 30 Years Experience Directing Basketball Camps
- 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

**Additional College Coaches  
Will Be Invited As Guest Speakers.  
Collegiate Players Serve As  
Junior Staff.**

#### THE PROGRAM

##### Team Building on a New Level

Once again we've improved the original team-building program. We will show you more techniques to build confidence, involve your team in new games designed to create unity, and show you how to share success with each other to create a stronger team bond. Get a head start on the rest. Staff available to assist with daily practices as requested. If your coach can't make it to camp, we will provide one!

- Guarantee of 12-14 games and 6-10 hours of additional practice time
- Outstanding facilities, including indoor courts, outdoor courts, residence-style housing, excellent dining facilities, swimming pool, tennis courts, racquetball courts, etc.
- Quality officiating - ECAC and local officials
- Competitive but positive learning environment, stressing team play and sportsmanship
- Water bottle for each camper

#### LIMITED ENROLLMENT

We will only accept 18 teams to this TeamCamp.

Each team must have at least 8 participants.

Call **(585) 478-7111** to reserve your spot.

Additional brochures available online at

[www.supercampsandsuperclinics.com](http://www.supercampsandsuperclinics.com)

### 2019 Boys' Basketball TEAMCAMP

#### CAMPER REGISTRATION FORM

Camper's Name \_\_\_\_\_  
School Name \_\_\_\_\_  
School Address \_\_\_\_\_  
Your Grade in School as of May 1, 2019 Grade \_\_\_\_\_

Camper's Age \_\_\_\_\_ Camper's Height \_\_\_\_\_ (usual) Position \_\_\_\_\_  
Coach's Name \_\_\_\_\_ Coach's Home Phone \_\_\_\_\_  
Camper's email address \_\_\_\_\_

**Please check the SuperCamp you wish to attend, and indicate payment below.**  
**Note: \$25.00 additional fee will be charged for any applications or final balances received after July 1, 2019.**

2019 Boys' Basketball Teamcamp	Check One Below		
	Basic Fees (If paid in full by July 7th)	Full Payment	Deposit
Resident Camper	___ \$385	___ \$100	
Commuter	___ \$325	___ \$100	
July 22-26			
Colgate University	Late Fees: (If paid in full after July 7th)		
	Resident Camper	___ \$405	
Commuter	___ \$345		

(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.

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.**