

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: _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Plan#: _____

2nd Emergency Contact Person: _____ Cell#: _____

→ 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, 2019**, 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**

2. A non-refundable deposit must be enclosed with your registration and received by June 15th, 2019, to reserve your spot. A \$25.00 late fee will be charged for all final balances and new registrations received after July 1st, 2019. There will be **NO EXCEPTIONS** to this policy. Thank you!

CHECK THIS OUT

All participants receive the following:

☆ **SuperCamp T shirt** ☆ **SuperCamp Water bottle** ☆ **Training Packet**

Due to the fact that we try to provide a low camper to coach ratio we will limit enrollment to 160 total participants for each camp session. This ensures that each camper will receive the **INDIVIDUAL ASSISTANCE** that she deserves. Our emphasis is on **Teaching the Fundamentals** of the game and developing those skills necessary for our athletes to excel at their position and gain confidence.

TEAM DISCOUNTS AVAILABLE:

Print out additional brochures at: **www.supercampsandsuperclinics.com**

PLEASE REMEMBER!

Enrollment is **LIMITED**, and registrations will be accepted on a "first-come/first-served" basis!
Don't delay! – Mail today!

SUPERCAMPS AND SUPERCLINICS

presents...



GIRLS BASKETBALL OFFENSIVE SKILLS CAMP

**A comprehensive
Offensive Basketball Skills Training Academy
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AGES 10-18**

**@ ROBERTS WESLEYAN COLLEGE, ROCHESTER, NY
JULY 15TH-JULY 18TH, 2019**

**Learn from top Collegiate and High School Coaches!
Leave with added confidence and drills/goals to work on!**

LET OUR EXPERIENCE BE YOUR GUIDE!