

Health and 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 Fury Basketball 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 Fury Basketball Club 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 Fury Basketball Club 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 Fury Basketball Club and the host facility from any and all liability for any illness and/or injuries incurred by my child while attending 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. **All campers must be covered by personal/family insurance.** The signature of a parent or guardian granting permission to administer medical attention, if necessary, is required on the registration form.

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 June 1st, 2023, a total of \$10.00 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 session. There are no refunds given after camp starts.

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:

Glenn Anderson
25 Hawkstone Way
Pittsford, NY 14534

2. Full payment must be enclosed with your registration, and received one week prior to reserve your spot. A \$25.00 late fee will be charged for all final balances and new registrations received after that. 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?...E-Mail Glenn Anderson at:
clarion84@gmail.com

SUPERCAMPS & SUPERCLINICS



PRESENT

BOYS AND GIRLS BASKETBALL OFFENSIVE SKILLS DAY CAMP

FOR CURRENT GRADES 3-10

AT TRI-COUNTY
SPORTS COMPLEX
MACEDON, NY

AUGUST 15TH - 18TH
2023

FURY BASKETBALL
Celebrating our 14th year
Let Our Experience Be Your Guide

The Program

This camp is for driven players looking for instruction at their position.

DURING THESE DEVELOPMENTAL PRACTICE SESSIONS:

- Low post/high post offensive moves
 - Footwork/agility drills
 - Screening situations
 - Movement without ball
 - Shooting Drills-N-Skills
- Two/three player combo drills
 - Defending high/low post
- Rebounding/blockout/outlet techniques
 - Ball handling skills
- Passing skills/entries to post player
 - Breaking down defender moves
- 1 on 1 offensive moves to the hoop
 - 3 point shooting Drills-N-Skills
 - Transition Drills-N-Skills
- Two and three player combo drills
- Leadership/mental toughness as a point guard

*Added feature-
Camper Water Bottle*

This list contains just some of the skills taught. Players are put into groups based on ability level. Players with advanced skills will be introduced to new skills and all players will be **CHALLENGED** throughout the week to reach their potential through **WELL ORGANIZED DRILL SESSIONS!!!**

Camp Schedule

Boys/Girls Grades 3-6 8:30 — 11:30 am

Boys/Girls Grades 7-10 1:00 — 4:00 pm

Let Our Experience Be Your Guide

Coaching Staff

Camp Director—Bob Guy

- Overall Coaching Record 432 – 102 (.809)
- NCAA Final “8” 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
- 2008 Section V Class “AA” Coach of the Year

Abby Balschmitter Assistant Director

- Former Division III Player
- Section V All-Star
- Fury Division Director
- Outstanding Motivational Clinician

Randy Johnson—Asst. Director

- Former Victor HS Assistant Coach
- Fury Basketball ROC Fury Director
- Outstanding Motivational Clinician

Glenn Anderson—Co-Director

- USA Certified Gold Coach
- Founder of Pennsylvania Boys HS Basketball Coaches Association
- Recruiting Director For National Scouting Report
- Personal Trainer and Outstanding Clinician

Gerard Conyers II—Asst. Director

- Former Penn Yan Academy Assistant Coach
- Boys Varsity Head Coach Mid Lakes HS
- Fury Basketball Independent Director

Collegiate Coaching Staff

College Coaches will be invited to serve as Guest Clinicians.

High School Coaching Staff

Respected, Successful High School Coaches will also help to provide Quality Instruction and serve as Positive Role Models. Current and Former Collegiate Players will also provide instruction.

Limited Enrollment

We try to provide a 10-1 camper to coach ratio to ensure that each camper receives the INDIVIDUAL ASSISTANCE that he/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.

Print out additional brochures at:
www.FLFURY.com

Team Discounts Available

TCSC Offensive Skills Registration Form

Camper's Name: _____

School Name: _____

Age: _____

Coach's Name: _____

Coach's Email Address: _____

Coach's Cell Phone #: _____

Camper's Email Address: _____
(Please print neatly-You will be sent an E-Mail confirmation with information.)

Your Grade in School As of May 1st, 2023: _____

Position: _____

Height: _____

AAU Membership #: (if you have one, AAU Membership is not required)

August 15th - 18th

Check Below:

Grades 3-6 ☐ \$225
8:30-11:30 am

Grades 7-10 ☐ \$225
1:00-4:00 pm

Make checks payable to: SuperCamps and SuperClinics
Send completed (both sides!) Registration Form and payment to:

Glenn Anderson
25 Hawkstone Way
Pittsford, NY 14534

Check#: _____ Date: _____ Total Amount Remitted: _____

(For office use only)

F

P

____/____/____

PLEASE NOTE: This form may be photocopied for other teammates.

You MUST complete the MEDICAL /HEALTH Form on the reverse side of this page!