

## 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: \_\_\_\_\_

➔ *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. 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 DISCOUNTS

• If applications/paid in full amounts of four or more participants from one team/school are submitted together in one envelope by May 15, 2017, 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.

• Make checks payable to:

**SuperCamps & SuperClinics**

## 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](mailto:rguy2@rochester.rr.com)

## SuperCamps and SuperClinics

Celebrating our  
**28th Year!**

presents...

**2017**

**GIRLS' BASKETBALL**

**OFFENSIVE SKILLS**

# SUPERCAMPS

**at SUNY Canton, Canton, NY**

**June 26 - 29**

**at Alfred University, Alfred, NY**

**June 26 - 29**

**Ages 8 - 18**

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

***A comprehensive Offensive Basketball Skills Training Academy for All Levels of Experience***

**Let Our Experience Be Your Guide!**

Check us out on our web page at  
**[www.supercampsandsuperclinics.com](http://www.supercampsandsuperclinics.com)**  
*(Additional brochures available on-line!)*

## THE PROGRAM

### Offensive Skills Sessions

- Screening situations
- Movement without the ball
- Offensive rebounding skills
- Ball handling drills-n-skills
- Passing drills-n-skills
- Two/three player skills
- Transition drills-n-skills

### Shooting Skills Sessions

- Basic shooting form technique
- Footwork/agility drills-n-skills
- Free throw technique
- 1-1 offensive moves
- Jump shot technique
- 3 pt. shooting technique
- Off season shooting program

*These are just some of the skills sessions offered during this unique offensive skills camp.*

### EACH CAMPER RECEIVES!

- 1) Free SuperCamp T-shirt
- 2) Free Personal Water bottle
- 3) A personal evaluation  
(designed to help you reach your potential as a player!)
- 4) Individual Awards
- 5) A 6-1 camper/coach ratio

## PARENTS...

- ✓ Do you desire a camp that provides a positive, well-rounded experience for your daughter?
- ✓ Do you insist on a safe environment, an experienced staff, and quality supervision during your daughter's stay?
- ✓ Would your daughter benefit from a camp that emphasizes skill development and fundamentals, rather than the "games-only" approach taken by other camps?
- ✓ And would you like all this without having to pay those outrageous fees?

**Our SUPERCAMP is all of this and more!**

## What Makes a GREAT Basketball Camp?

### COACHING STAFF

#### Bob Guy Camp Director

- Overall record: 423-97
- NCAA Final Eight: 1993, 1995
- New York State Coach of the Year: 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
- Directed Basketball Camps for over 20 years
- 2008 Section V Class "AA" Coach of the Year
- 2009 Section V Class "AA" Champions

#### SUNY CANTON Co-Director Jim DiSalvo

- Canton HS Head Coach
- 2016 State Semi-finalist
- North Country Fury Director
- Outstanding Clinician
- Fury Tournament Director

*More Camp and  
Camp Staff Information  
Availabe on our Website:*

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

#### ALFRED UNIVERSITY Co-Director Bill Horn

- 300-plus career wins
- 3 Section V Titles
- 6 Coaching Titles
- 3 Coach of the Year Awards
- Allegheny County Hall of Fame Member

#### ALFRED UNIVERSITY Co-Director Monique McLean

- Head Coach - Alfred University
- Assistant Coach - Bethany University
- Division I ( player at St. John's University
- Professional player in Greece, Slovakia and Puerto Rico

- ~ **Are you afraid to take shots in a game?**
- ~ **Do you lack confidence in your scoring ability?**
- ~ **Are you frustrated with your offensive skills?**
- ~ **Do you want to be an offensive-minded player?**

**This is the SuperCamp for you ... we repeat!  
We Will Teach You To Be An Offensive Threat!**

## 2017 Girls' Offensive Skills SuperCamp

### CAMPER'S REGISTRATION FORM

Camper's Name \_\_\_\_\_  
 School Name \_\_\_\_\_  
 School Address \_\_\_\_\_  
 Camper's Age \_\_\_\_\_ Camper's Height \_\_\_\_\_  
 Usual Position \_\_\_\_\_ Guard \_\_\_\_\_ Forward \_\_\_\_\_  
 Coach's Name \_\_\_\_\_  
 Coach's Home Phone \_\_\_\_\_  
 Camper's email address \_\_\_\_\_

Your Grade in  
School as of  
May 1, 2017  
Grade \_\_\_\_\_

Please check the SuperCamp you wish to attend, and indicate payment below.

	Check One Below	Full Payment	Deposit
2017 Girls' Basketball Offensive Skills SuperCamp at SUNY Canton	<b>Basic Fees (If paid in full by July 1st)</b>		
	Resident Camper:	_____ \$325	_____ \$100
	Day Camper:	_____ \$150	_____ \$100
2017 Girls' Basketball Offensive Skills SuperCamp at Alfred University	<b>Basic Fees (If paid in full by July 1st)</b>		
	Resident Camper:	_____ \$325	_____ \$100
	Day Camper:	_____ \$150	_____ \$100

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Total Amount 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.

T-Shirt Size (Circle One!) Small Medium Large X-Large

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.**