

## CAMP APPLICATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Parent's Work: (     ) \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Circle week(s) of camp child will attend:

July 17 – 21

July 24 - 28

### Boys and Girls Camp

**Please understand that personal injury insurance is NOT included in the camp fee. All campers must be covered by health insurance. Your signature below grants the SCCC Camp staff or their agents the full approval to have your child treated professionally in case of an emergency or injury.**

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurer: \_\_\_\_\_

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

**Circle T-shirt size for each camper:**

YM YL S M L XL XXL

[www.sunysullivan.edu/athletics](http://www.sunysullivan.edu/athletics)

## CAMP PHILOSOPHY

The Sullivan Generals Basketball Camp is committed to a philosophy of developing fundamental skills and a broad understanding of the game. The camp works to improve skills through individual instruction, drills, lectures and games.

Our goal is to lead campers to develop their own basic skills. Fundamentals of passing, dribbling, and shooting, as well as individual and team offensive and defensive strategies will be covered by the Generals staff.

Speaking of staff, each year the Generals coaching staff teams up with some of the area's finest coaches and players to offer each camper the opportunity to learn the game from some of the nation's best. Each counselor will share their personal drills, experiences and knowledge of the game.

At the completion of each camp, participants will be given a detailed evaluation of their progress, along with specific drills to improve their own skill development. Every camper will go home with valuable basketball knowledge and countless memories of good times and warm friendships.

Make your plans early to be a part of this exciting learning experience!

# SUNY Sullivan Summer 2017 Boys & Girls Basketball Camp

**July 17-21**

**&**

**July 24-28**

Monday - Friday

9:00 a.m. to 3:00 p.m.



 **SUNYSULLIVAN**  
YOUR COMMUNITY YOUR COLLEGE

## CAMP INFORMATION

**Camp is CO-ED**

**Ages 7-17**

**July 17 - 21, 2017**

**July 24 - 28, 2017**



Our fee is \$150 per camper, per session. Register by June 15, 2017 and you'll receive a special discounted rate of \$135 per session.

If you are planning to attend both sessions you will receive a discounted rate of \$270 per camper.

The camp will run from 9:00 a.m. to 3:00 p.m. Monday through Friday. Early drop off (8:30 a.m.) and late pick-up (4 p.m.) are available.

Campers may bring a bag lunch or purchase lunch at the Generals Store located in the Paul Gerry Fieldhouse.

The SUNY Sullivan Basketball Camp also offers discounts for the following:

**SUNY Sullivan Employee Discount  
Multi-Child Discount\*  
Group Discounts**

\*Limit of one discount per family

For additional information, please call (845) 434-5750, ext. 4293 or visit us online at [www.sunysullivan.edu](http://www.sunysullivan.edu)

## CAMP STAFF

Each year the SUNY Sullivan Youth Basketball Camp is run by our award-winning, nationally-recognized Men's and Women's Basketball coaching staff. We also use SUNY Sullivan and local high school students/athletes to serve as camp counselors.



Our highly successful camp has hosted thousands of local youth over the past 20 years and our tradition of excellence continues.

Several SUNY Sullivan Youth Basketball Camp "alumni" have gone on to very successful high school and college basketball careers. Will your son or daughter be next?

Don't miss this amazing opportunity!

## LIABILITY RELEASE FORM

In consideration of the opportunity provided by SUNY Sullivan and its Faculty Student Association to participate in its 2014 Basketball Camp, I do hereby voluntarily and with full understanding forever discharge, waive, release and hold harmless SUNY Sullivan and/or the FSA of SUNY Sullivan from any claim that may arise from any injury or illness sustained by (child's name) \_\_\_\_\_ while participating in any Basketball Camp contest/event, including any injury or illness resulting from the negligence or tortious activity of SUNY Sullivan, its officers, directors, employees, agents or volunteers, and/or the SUNY Sullivan FSA, its officers, directors employees, agents or volunteers. This includes coming to and returning from any activity or event related to this child's participation in the SUNY Sullivan Summer Basketball Camp.

A parent/guardian signature below grants SUNY Sullivan/FSA staff, or their agents, full approval to have the participant receive voluntary and/or professional medical treatment in the case of an emergency or accident.

I have read the above informed liability release. I understand its contents and all implications and voluntarily agree to be bound by said release, in whole and by each of its parts.

Participant's Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail application and payment to:

*SUNY Sullivan/FSA*

*112 College Road*

*Loch Sheldrake NY 12759*

(Make checks payable to SUNY Sullivan/FSA)

***If you do not sign this form, your child will be unable to participate in the Sullivan Generals Basketball Camp.***