



Please indicate which camp your child will be attending:

____ Future Noles Day Camp (June 6-9)/\$200 ____ EXTREME Team Camp (June 24-26)/\$200 per player
____ Individual Elite Camp (June 17-18) / \$200 overnight, \$150 commuter (circle one)

Registration for Future Noles Day Camp and Individual Elite can also be filled out online at SeminoleHoops.com
OR

Submit this form completed and signed by the appropriate individuals and send to the Seminole Girls' Basketball Camp along with proof of PHYSICAL EXAMINATION (within the last two years) prior to camp!

Make Checks Payable to: Seminole Girls' Basketball Camp

Camper's Name: _____
Date of Birth: _____ Age at Camp: _____ Grade Entering: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
T-Shirt Size: _____ Position: _____ Roommate Request: _____
School: _____ Coach: _____

Parent/ Guardian's Name: _____
Email: _____
Home Phone: (____) _____ Cell/Work Phone: (____) _____
Emergency Contact: _____ Emergency Phone: (____) _____

Insurer's Name: _____
Family Medical Insurance Co. _____
Insurer's Agent Name: _____
Address of Insurance Co. _____
Policy #: _____ Family Physician: _____

PLEASE ATTACH COPY OF HEALTH INSURANCE CARD

Medical History:

Date of last tetanus shot: _____
Date of last MMR (measles, mumps, rubella) immunization: _____
Does the participant have any significant allergies/ asthma? Yes _____ No _____
If yes, please list _____
Will the participant be taking any medication while attending Basketball Camp? Yes _____ No _____
If yes, please list _____

Parental Consent:

I hereby state that the Florida State Seminole Girls Basketball Camp is not responsible for any pre-existing injury or recurrence of any undisclosed pre-existing injury or illness of the above player prior to the first day the player registers. The Florida State Seminole Girls Basketball Camp will assume responsibility only for injuries incurred while the above player is participating in Basketball Camp activities under supervision during enrolled period, up to the limits of the purchased league insurance.

The law requires that parental permission be obtained for emergency operative procedures on minors. The parent should sign the following consent form so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

Parental or Guardian Signature

Date

Mail to: SEMINOLE GIRLS BASKETBALL CAMP • 520 West Madison Street • Tallahassee, FL 32301