

Please indicate which camp your child will be attending:	
Future NOLES Day Camp (June 3-6)	Individual Elite 1 (June 8-9)
Individual Elite 2 (June 29-30)	EXTREME Team Camp (June 21-23)
Registration for Future NOLES Day Camp <u>AND</u> Individual Elite 1 & 2 can 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 <u>along with proof of PHYSICAL EXAMINATION</u> (within the last two years) prior to and Camp participation!	
Make Checks Payable to: Seminole Girls' Basketball Camp	
Camper's Name:	
Date of Birth: Age at C	amp:Grade Entering:
Mailing Address:	
City: State:	Zip Code:
School:	Coach:
ELITE CAMPERS ONLY:Commuter CamperOvernight Camper	
Parent/ Guardian's Name:	
*Email:	
Home Phone: ()Cell/	Work Phone: ()
Emergency Contact: Em	ergency Phone: ()
Insurer's Name:	
Family Medical In <mark>surance</mark> Co	
Insurer's Agent Name:	
Address of Insurance Co	70 //
Address of Insurance Co Family Physicia	n:
PLEASE ATTACH COPY OF HEALTH INSURANCE CARD	
Medical History:	
Date of last tetanus shot:	
Date of last MMR (measles, mumps, rubella) immunizat	
Does the participant have any significant allergies/ asth If yes, please list	ma? Yes No
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 Ba	asketball 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 insuran	ce.
The law requires that parental permission be obtain	ed 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.	

Date

Parental or Guardian Signature