



Please indicate which camp your child will be attending:

\_\_\_ Future NOLES Day Camp (June 8-11)/\$200 \_\_\_ EXTREME Team Camp (June 26-28)/\$200 per player, \$100 Commuter

\_\_\_ Individual Elite Camp (June 20-21)/\$200 overnight, \$150 commuter

Registration for Future NOLES Day Camp AND Individual 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 along with proof of PHYSICAL EXAMINATION (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 Camp: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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

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

T-Shirt Size: \_\_\_\_\_ Position: 1 2 3 4 5 Roommate Request: \_\_\_\_\_

School: \_\_\_\_\_ Coach: \_\_\_\_\_

ELITE CAMPERS AND TEAM CAMP ONLY: \_\_\_\_\_ Commuter Camper \_\_\_\_\_ Overnight Camper

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