

ENROLLMENT FORM

Register Online at

www.nolesbasketballcamp.com

Or Return this form To:

Florida State University Men's Basketball

520 W. Madison St • Tallahassee, FL 32301

Phone: (850)-644-1461 • Fax: (850)-644-6622

To register for camp, please fill out the following required information and return this form to the address provided above. Be sure to include a \$100 deposit or complete payment, a copy of a recent physical (within the last 12 months), and a copy of insurance card. A confirmation will be mailed to you once the information has been received. Online registration and additional information is available at www.nolesbasketballcamp.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Grade Entering: _____ HT: _____ WT: _____

Parent Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Mark what session you'll be attending on the line below

Session 1 • June 2019 _____

Session 2 • June 2019 _____

Before April 1

☐ Commuter (\$450) ☐ Overnight (\$525)

April 1 and After

☐ Commuter (\$475) ☐ Overnight (\$550)

Waiver and Release

In consideration of my application being accepted, I, intending to be legally bound, do hereby, my heirs, my executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Florida State University, Leonard Hamilton Boys Basketball Camps, Inc. or Leonard Hamilton and/or their respective employees, officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with or participation in, or rising out of my traveling and returning from said camp to be participating in, on campus of Florida State University.

Name of Parent/Guardian (Please Print)

Parent/Guardian Signature

Date

Insurance Information

All Campers are covered by the camp group accident insurance policy at no additional cost.

Name on Insurance Card: _____

Medical Provider: _____

Policy Number: _____

_____ My Child does not have medical Insurance

Remember to Include

☐ Enrollment Form

☐ Payment

☐ Recent Physical

(Within 12 months)

☐ Copy of insurance card
or medical waiver form

Payment

☐ Check (Payable to
Leonard Hamilton
Basketball Camp)

☐ Cash

☐ Money Order

