

# LEONARD HAMILTON TEAM CAMP



REGISTRATION PACKET

***JUNE 11-13***

# REGISTRATION FORM

PLEASE FILL OUT ONE FORM PER TEAM. IF YOU HAVE MORE THAN ONE TEAM,  
PLEASE FILL OUT ADDITIONAL FORMS FOR EACH TEAM.

Send form to:

Leonard Hamilton Team Camp

520 West Madison Street, Suite 311

Tallahassee, FL 32301

Email: [jblazarus@fsu.edu](mailto:jblazarus@fsu.edu)

Cell: (850)-320-1505

Fax: (850) 644-6622

School/Team Name: \_\_\_\_\_

School/Team Address: \_\_\_\_\_

School/Team Phone Number: \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

**\*\*Please include your team fee to ensure your team's space in camp. Please make checks payable to: Leonard Hamilton Team Camp**

- June 11th-13th
- Early Bird Special Ends May 31th at 11:59 PM
  - Early Bird: \$550
- **Starting June 1st at Midnight**
  - **Regular Rate: \$650**

# TEAM ROSTER

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Head Coach's Cell Phone: \_\_\_\_\_

\_\_\_\_\_: Large Varsity    \_\_\_\_\_: Small Varsity    \_\_\_\_\_: JV

**\*\*Please Mark Team Size**

Camper Name	Camper Grade
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
<b>*Maximum of 15 Players Per Team</b>	

Coach Name	Cell Phone Number
Head Coach:	
Assistant Coach:	
Assistant Coach:	

# TEAM CHECKLIST

-List the names of all players who will attend camp. Use the checklist to keep track of necessary items players must turn in.

-Please only turn in a COPY of a recent physical and a COPY of the player's insurance card. We will not be able to return originals.

Camper Name	Checklist	
1.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
2.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
3.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
4.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
5.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
6.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
7.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
8.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
9.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
10.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
11.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
12.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
13.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
14.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance
15.	_____ : Player Info Sheet _____ : Copy of Physical	_____ : Payment _____ : Copy of Insurance

# PLAYER INFORMATION

**June 11-13, 2021 at Florida State University**

To register, please fill out the information below. This completed and signed form, a COPY of a recent physical (within 12 months), a COPY of your insurance card, and payment (checks payable to your coach) should be returned to your coach as soon as possible.

## ENROLLMENT FORM

School: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact (if parent cannot be reached): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## RELEASE AND WAIVER

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, Florida St. Seminoles Basketball Camp, 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 travelling and returning from said camp to be participation in, on campus of Florida State University.

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

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Name of Camper (please print)

\_\_\_\_\_  
Date

**\*We are not responsible for lost or stolen property e.g. cell phones, iPods, jewelry, shoes, etc.**

# LEONARD HAMILTON TEAM CAMP

**Staff:** Leonard Hamilton and the FSU coaching staff will use their over 100 years of combined coaching experience to direct and plan activities. Current FSU players will join the likes of Stan Jones, former assistant coach in the NBA, Coach Charlton “CY” Young, a former head coach at Georgia Southern, and Steve Smith long time assistant coach.



**Facilities:** Teams will be given the opportunity to improve their play in the Tucker Civic Center, FSU's Basketball Training Facility, as well as the newly renovated Tully Gymnasium (Noles' old home).



Donald L. Tucker Civic Center



FSU Basketball Training Center (BTC)



Tully Gymnasium

