

REGISTRATION FORM - 2007 RAIDERS WOMEN'S BASKETBALL CAMP

PLEASE USE PEN

Name _____ Birth Date: _____

Address _____ City, State _____ Zip _____

Parents'/Guardians' Names: _____ T-Shirt Size (circle one): XL L M S

Phone: Home () _____ Work () _____ Other () _____

School Attending _____ Grade _____ Age _____ Height _____

Coach's Name _____ Coach's Phone () _____

Please Check the appropriate boxes:

\$85 Day Camp June 8-10

\$225 Team Camp June 4-6

Coaches for Team Camp:

- Teams must register together –at least 8 on a team.
- Please mail a school or personal check in the entire amount with the applications—No Cash.

Make checks payable to: **Seminole Community College Foundation**

Return applications to:

**Seminole Community College
Athletic Dept.-Attn: Coach Smith-wbb
100 Weldon Blvd.
Orlando, FL 32816-3555**

* Your canceled check is your receipt.

HEALTH INFORMATION

PLEASE USE PEN

CAMP INSURANCE

Physician's Name _____ Date of Last Tetanus _____

Any Known Allergies _____ Medications Camper will bring _____

Family Medical Insurance Co. _____ Policy # _____

Insured's Place of Employment _____

Also, please send us a front and back photocopy of your insurance card to help us with the processing of insurance forms.

CAMP INSURANCE

PERMISSION FORM

I certify that my child is in good health and can participate in the activities of the SCC Raiders Girls Basketball Camp. I hereby authorize the staff of the camp to proceed with emergency medical attention for my child, if needed. I hereby release SCC and its employees from all action, cause known or unknown, for any injuries incurred while at the SCC Raiders Girls Basketball Camp.

Parent's/Guardian's Signature _____ Date _____