

Application to Participate

NIKE Team Florida Fall Workout and Exposure Camp

**This Registration MUST be received by September 12, 2008
for consideration by the Selection Committee**

Mail to: NIKE Team Florida c/o Appelt & Associates, CPAs 1811 N. Belcher Road, Suite I-2 Clearwater, FL 33765
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Make \$125 check payable to NIKE Team Florida

Player Name: _____

Date of Birth: _____

Height: ___ft___inches **Weight:** _____lbs.

Player's Position: _____

Address: _____

Phone: (home) _____
(cell) _____

E-mail: _____

High School: _____

2008/2009 Grade: _____

High School Coach name: _____

High School Coach phone number: _____

PLEASE READ AND SIGN BELOW:

I understand that there is no insurance provided for in the cost of this program. I will provide for health and any other coverage on my own behalf or on behalf of my child. I understand that there are inherent risks associated with athletics, including basketball camps, that may involve the potential for injury. I take full responsibility for any such occurrence. (Parent/Guardian to sign if applicant is under 18 years old.)

Signature _____

Date _____

Printed Name _____

Visit us at www.teamfloridabball.com