

**Application to Participate**

# NIKE Team Florida Fall Workout and Exposure Camp

**This Registration MUST be received by September 12, 2006  
for consideration by the Selection Committee**

Mail to:  
Suncoast Youth Foundation, Inc.  
1811 N. Belcher Road, Suite I-2  
Clearwater, FL 33765

**Make \$95 check payable to Suncoast Youth Foudnation, Inc.**

**Player Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_ ft \_\_\_\_ inches      **Weight:** \_\_\_\_\_ lbs.

**Player's Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**2006/2007 Grade:** \_\_\_\_\_

**High School Coach:** \_\_\_\_\_

**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** \_\_\_\_\_