

2024 LEONARD HAMILTON

TEAM CAMP

JUNE 7th - 9th



**MINIMUM 6 GAMES
LEVEL COMPETITION
3 COMPETITIVE LEAGUES**

**CERTIFIED OFFICIALS
INSTRUCTIONAL SEGMENT
WAIVED SPECTATOR ADMISSION**

TEAM REGISTRATION FORM

- PLEASE FILL OUT ONE FORM PER TEAM

- IF YOU HAVE MORE THAN ONE TEAM, PLEASE FILL OUT AN ADDITIONAL FORM FOR EACH TEAM

Team Name: _____

School Name: _____ School Address: _____

School Number: _____ School Email: _____

_____ : Large Varsity _____ : Small Varsity _____ : JV

*Please Choose Team Level

Camper Name	Camper Grade
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
*EACH TEAM IS ALLOWED A MAXIMUM OF 15 PLAYERS	

Coach Name	Coach Phone Number	Coach Email
Head Coach:		
Assistant Coach:		
Assistant Coach:		

PLAYER ENROLLMENT FORMS

***EVERY PLAYER NEEDS TO FILL OUT BOTH THE PLAYER ENROLLMENT FORM AND EXHIBIT A FORM to compete**

ENROLLMENT FORMS

School: _____ Team: _____
Player Name: _____ Player Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____ Parent/Guardian Phone: _____
Emergency Contact (If Parent cannot be reached): _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact Cell 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, wave, 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 basketball camp, Inc. 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 participation in, on campus of Florida State University.

Parent/Guardian Signature

Name of Parent/Guardian (print)

Date

Camper Signature

Name of Camper (print)

Date

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

EXHIBIT A

INJURY AND ILLNESS ACKNOWLEDGEMENT AND WAIVER

NOTICE TO THE MINOR CHILD'S

NATURAL GUARDIAN

NAME OF CAMPER: _____

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FLORIDA STATE UNIVERSITY AND ITS DIRECT SUPPORT ORGANIZATIONS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FLORIDA STATE UNIVERSITY AND ITS DIRECT SUPPORT ORGANIZATIONS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FLORIDA STATE UNIVERSITY AND ITS DIRECT SUPPORT ORGANIZATIONS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, **(PRINT PARENT NAME)** _____ am voluntarily permitting my minor child to enter onto property under the control, management, or use of Florida State University and/or its direct support organizations (the "Property") for an athletic camp ("Event"). I am aware of the ongoing situation regarding the coronavirus and COVID-19 (collectively, "COVID-19") that is currently impacting the State of Florida, Country, and World. I am also aware that the Event will involve physical exertion and risk of physical injury. By permitting my minor child to enter onto the Property to participate in the Event, I acknowledge and agree on behalf of my minor child that:

-An inherent risk of exposure to COVID-19 exists in any place where people are present.

An inherent risk of injury exists when participating in a physical activity, such as those that will occur at the Event.

-COVID-19 is an extremely contagious disease that can lead to severe illness and death.

- Physical participation in activities related to the type at the Event can lead to severe injury and even death.
- According to the Centers for Disease Control and Prevention, senior citizens and others with underlying medical conditions are especially vulnerable to the risks associated with COVID-19.
- On behalf of my minor child, I voluntarily assume all risks related to my minor child's injury, illness, and/or exposure to COVID-19 at the Event or on the Property.
- On behalf of my minor child, I am releasing Florida State University and its direct support organizations from any and all liability related to my minor child's injury, illness, and/or exposure to COVID-19 at the Event or on the Property, and I will not to sue, attempt to hold liable, or seek any form of damages from Florida State University or any of its direct support organizations for any claim or cause of action (including negligence and negligent acts) related to my minor child's injury, illness, and/or exposure to COVID- 19 at the Event or on the Property.
- On behalf of my minor child, I am releasing Florida State University and its direct support organizations from any and all liability related to any injury or illness (including any injury or illness related to being exposed to COVID-19) my minor child sustains at the Event or on the Property, and on behalf of my minor child I will not to sue, attempt to hold liable, or seek any form of damages from Florida State University or any of its direct support organizations for any claim or cause of action (including negligence and negligent acts) related to any injury or illness (including any injury or illness related to being exposed to COVID-19) my minor child sustains at the Event or on the Property.
- "Florida State University and its direct support organizations" means Florida State University and its direct support organizations, including but not limited to, its employees, agents, and representatives.

I, _____ ACKNOWLEDGE and AGREE to the above, this (**DAY**) _____ day of
 (Print Name)
 (**MONTH**) _____, 2024.

Parent/Guardian Signature