

*Registration*

Individual registration forms must be completed for each team member and coach. All team members must complete a medical waiver form. Copies of the medical waiver form and individual registration sheets should be forwarded for each team member. Coaches are encouraged to maintain their own copies.

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

**Age:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Please print and mail to:

**teamcampUSA.com**

**PO Box 20301**

**Tallahassee, FL 32316-0301**