

**SEMINOLE ADVANCED BASEBALL SCHOOL at Florida State University**

c/o FSU Baseball Office – PO Box 2195 – Tallahassee, FL 32316  
(850) 644-1073 – (850) 644-7213 FAX

**2008 REGISTRATION FORM** (please print clearly in ink or type)

**I WILL ATTEND THE FOLLOWING SESSION(S):**  **June 22 – 27, 2008**  **July 20 – 25, 2008**

**CAMPERS – Please complete below.**

Grade Next Fall: \_\_\_\_\_

Yr. of Graduation: '08 – '09 – '10 – '11 – '12  
(circle one)

Height \_\_\_\_\_ Weight \_\_\_\_\_

Position(s) 1st P – C – SS – 2B – 3B – 1B – OF

(circle one) 2nd P – C – SS – 2B – 3B – 1B – OF

Bat: R L S (circle one) Throw: R L (circle one)

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State Zip

Parent / Guardian \_\_\_\_\_ / \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
Relationship

Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

High School \_\_\_\_\_ City / State \_\_\_\_\_

E-Mail (print clearly) \_\_\_\_\_ @ \_\_\_\_\_  
Used for camp related correspondence only.

I, as a parent/guardian, by signing this registration form, waive and release the Mike Martin Baseball School, Florida State University, Florida State Board of Trustees, Tallahassee Parks and Recreation Department, sponsors, and Studio Green Residence Hall from any and all liability from any injury or illness incurred going to school, from home or while at school, or returning home. I, as a parent/guardian, have actual knowledge and appreciation for the particulars of the program and hereby voluntarily consent to said minor's participation, and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone ( ) \_\_\_\_\_

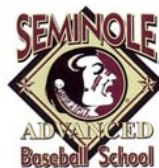
All campers must provide proof of insurance coverage for any injury or sickness incurred while attending the Mike Martin Baseball School.

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Policy Number \_\_\_\_\_ Type of Coverage \_\_\_\_\_

A PHOTO COPY OF CAMPER'S HEALTH INSURANCE CARD IS REQUESTED WITH THE REGISTRATION FORM.



I WILL ATTEND THE FOLLOWING SESSION(S):  June 22 – 27, 2008  July 20 – 25, 2008

**\$495 RESIDENT CAMPER** (Meals Included) - I will stay in **Studio Green Residence Hall** (\$25 off additional session)

**\$375 DAY CAMPER** (No Meals) - I will not stay in **Studio Green Residence Hall** (\$25 off additional session)

**\$470 each GROUP RATE** (4 or more campers) – **RESIDENT CAMPER** (Meals Included)

All group rate registrations must be mailed in together.

**\$350 each GROUP RATE** (4 or more campers) – **DAY CAMPER** (No Meals)

All group rate registrations must be mailed in together.

**\$470 ADDITIONAL FAMILY MEMBER RATE – RESIDENT CAMPER** (First family camper pays \$495)

Must have the same home address and under same insurance policy.

**\$350 ADDITIONAL FAMILY MEMBER RATE – DAY CAMPER** (No Meals) (First family camper pays \$375)

Must have the same home address and under same insurance policy

**\$55 DAY CAMPER MEALS** (Lunch and Dinner only)

**\$25 EARLY-OVERNIGHT ARRIVAL / LATE OVER-NIGHT DEPARTURE** – Per camper / per night

Roommate: (Requests must be mutual between campers)

\_\_\_\_\_ One roommate request, please.

**Please mail:**

- Completed Registration form
- Health Insurance Card (Photo Copy)
- Check or Money Order - NOTE: There will be a **\$100 cancellation fee**. This \$100 fee may be applied toward a future camp within one calendar year.

Payment should be made payable and mailed to:

**MIKE MARTIN BASEBALL SCHOOL – C/O FSU BASEBALL – P.O. BOX 2195 – TALLAHASSEE, FL 32316-2195**