

BUD BEECH SUMMER CAMPS

WHERE: Ponte Vedra High School

WHEN: Camps starting June 4th

___ **BASEBALL YOUTH CAMP** **\$145**
 Ages 6 to 13
 June 11-14nd (15th as rain date)
9am to Noon
Meet at Field. Direct questions to:
Thomas.stanton@stjohns.k12.fl.us

___ **BASEBALL/STRENGTH CAMP** **\$125**
 Rising Juniors and Seniors
 June 4th through July 15th
Meet in Weight Room.
Direct questions to:
Thomas.stanton@stjohns.k12.fl.us

___ **BASEBALL/SKILLS CAMP** **\$295**
 Rising 9th Graders to Seniors
 June 4th through July 13th
Meet at Field. Direct questions to:
Thomas.stanton@stjohns.k12.fl.us

___ **BUD BEECH SUMMER CAMP** *******
 Boys & Girls Ages 6-13
Starting June 4th M-Th
8:30 am to 3 pm
 Weekly rates as low as \$120
 Daily rates as low as \$30
 ***Complete details at
www.budbeech.com

___ **VOLLEYBALL CAMP** **\$130**
 Rising 4th - 9th
June 11th -14th
9-11:30 am
Meet in Gym

CAMPER'S NAME: _____

SCHOOL: _____

GRADE IN THE FALL: _____ **AGE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PARENT/GUARDIAN: _____

CELL: _____ **WORK/HOME:** _____

PARENT/GUARDIAN: _____

CELL: _____ **WORK/HOME:** _____

PREFERRED EMAIL: _____

WHO WILL BE PICKING- UP CAMPER:

SEND COMPLETED REGISTRATION WITH PAYMENT TO:

**BUD BEECH SUMMER CAMPS,
 217 SOUTH MILL RIDGE TRAIL
 PONTE VEDRA BEACH, FL 32082**

REVISED MAY 16, 2018

RELEASE AND INDEMNITY WAIVER:

Waiver Claims: I, as a parent or guardian, hereby give permission for my child to participate in the Bud Beech Summer Camp program at Ponte Vedra High School. I acknowledge the fact that he/she is physically able to participate in the camp activities. I hereby authorize the directors of the Bud Beech Summer Camps program to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost due to sickness or injury to my son/daughter. I hereby waive any claim I might have against Bud Beech Summer Camps and the institution providing the facilities. The Bud Beech Summer Camps is operated by Bud Beech Basketball Camps, Inc.

X _____

Parent/Guardian Signature

Date: _____, 2018

INSURANCE: ALL SHARKS SUMMER CAMPS

PARTICIPANTS ARE COVERED BY A SECONDARY INSURANCE POLICY WITH LIMITED BENEFITS. THE PRIMARY HEALTH AND ACCIDENT INSURANCE FOR THIS CAMP IS THAT HELD BY THE CAMPER/REGISTRANT AND HIS OR HER FAMILY. BUD BEECH BASKETBALL CAMP, INC. DBA BUD BEECH SUMMER CAMPS. TAX ID# #55-0842257.

CHECK # _____ **AMOUNT \$** _____