

Bud Beech Summer Camp Registration 2019

Camper #1: _____ Age: _____ D.O.B. ____/____/____

Camper #2: _____ Age: _____ D.O.B. ____/____/____

Camper #3: _____ Age: _____ D.O.B. ____/____/____

Parent Contact #1: _____ Email _____

Work (____) _____ - Cell(____) _____ - Home (____) _____ -

Address: _____ City _____ State _____ Zip _____

Parent Contact #2: _____ Email _____

Work (____) _____ - Cell(____) _____ - Home (____) _____ -

Address: _____ City _____ State _____ Zip _____

1. On the table below, please circle A.M. (8:30-11:30am) P.M. (12-3 pm) or both for the desired days and times of camp attendance.
2. Campers will choose their activities (SPORTS FITNESS, DANCE OR BASKETBALL) each day when they arrive.
3. **Checks are payable to: Bud Beech Summer Camps.** (\$15 each Half Day (a.m. or p.m.) or \$30 each full day BEFORE May 31st. If registering AFTER May 31st, \$20 each Half Day or \$40 each full day.)
5. Mail completed application(s) to: Bud Beech Summer Camp, 217 South Mill Ridge Trail, Ponte Vedra Beach, Florida 32082.
6. Registration /drop off is either 8:15 a.m. or 11:45 p.m. Lunch is from 11:30 to Noon. Full day and afternoon Camp ends at 3 pm.
7. Campers may bring a lunch or bring \$5 for two slices of pizza, soft drink & ice pops each day. Lunch is from 11:30 am to Noon. Lunch may be paid in advance for the week and included in the payment.
8. NOTE: NO CAMP THE WEEK OF JULY 1st .

REVISED SCHEDULE 02.05.2019

Day	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Week 7		Week 8	
Monday	June 3		June 10		June 17		June 24		July 8		July 15		July 22		July 29	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Tuesday	June 4		June 11		June 18		June 25		July 9		July 16		July 23		July 30	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Wednesday	June 5		June 12		June 19		June 26		July 10		July 17		July 24		July 31	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Thursday	June 6		June 13		June 20		June 27		July 11		July 18		July 25		August 1	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

Waiver Claims: I, as a parent or guardian, hereby give permission for my child to participate in the Bud Beech Summer Camps 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 are operated by Bud Beech Basketball Camps, Inc.

X _____ Date: _____, _____ 2019
Signature of Parent/Guardian

CHECK # _____ AMOUNT \$ _____