

BUD BEECH SUMMER CAMPS

WHERE: Ponte Vedra High School

WHEN: Camps starting June 3rd

___ **BASEBALL YOUTH CAMP** \$145

Ages 6 to 13
June 10-13th (14th as rain date)
9am to Noon. Meet at Field.
Direct all questions to:
bangitbaseball@gmail.com

___ **BASEBALL/STRENGTH CAMP** \$125

(DAILY RATE: \$25/day)
Rising Juniors and Seniors
June 3rd through July 12th
Meet in Weight Room.
Direct all questions to:
bangitbaseball@gmail.com

___ **BASEBALL/SKILLS CAMP** \$295

Rising 9th Graders to Seniors
June 3rd through July 12th
Meet at Field. Direct questions to:
bangitbaseball@gmail.com

___ **BUD BEECH SUMMER CAMP** ***

Boys & Girls Ages 6-13
Starting June 3rd 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 10th -13th
9-11:30 am
Direct all questions to:
Robin.miglets@gmail.com

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 MARCH 28, 2019

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: _____, 2019

INSURANCE: BUD BEECH 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 \$** _____