## Bud Beech Summer Camp Registration 2023

## STARTING JUNE 5th @ PVHS Gymnasium

amper #1:			_			
mper #2:			Age:	D.O.B		_/
mper #3:			Age:	D.O.B		/
rent Contact #1:		Email				
ork (	Cell()_		Home			
ldress:		City		_State	Zip	
rent Contact #2:		Email				
ork (	Cell()_		Home			
ldress:		City		_State	Zip	

- Campers will choose their activities (SPORTS FITNESS, DANCE OR BASKETBALL) each day when they arrive.
- 3. <u>Checks are payable to: Bud Beech Summer Camps.</u> \$ 2 0 each Half Day (a.m. or p.m.) or \$40 each full day for registration and payments received <u>BEFORE June 1<sup>st</sup></u>. (<u>AFTER June 1<sup>st</sup></u>: \$25 each half day and \$50 each full day.) PREPAID DAYS MUST BE USED ON OR BEFORE THE LAST DAY OF CAMP EACH YEAR.
- 5. <u>Mail completed application(s) AND payment to: Bud Beech Summer Camp, 217 South Mill Ridge Trail, Ponte Vedra Beach, Florida 32082.</u>
- 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. LUNCH: 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.

Day	Week 1	Week 2	Week 3	Week 4	NO CAMP	Week 5	Week 6	Week 7
Monday	June 5	June 12	June 19	June 26	July 3	July 10	July 17	July 24
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	NO CAMP	A.M. P.M.	A.M. P.M.	A.M. P.M.
Tuesday	June 6	June 13	June 20	June 27	July 4th	July 11	July 18	July 25
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	NO CAMP	A.M. P.M.	A.M. P.M.	A.M. P.M.
Wednesday	June 7	June 14	June 21	June 28	July 5	July 12	July 19	July 26
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	NO CAMP	A.M. P.M.	A.M. P.M.	A.M. P.M.
Thursday	June 8	June 15	June 22	June 29	July 6	July 13	July 20	July 27
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	NO CAMP	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 so isclness 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 Signature of Parent/Guardian	Date:		,2023
		CHECK #	AMOUNT \$