

## Bud Beech Summer Camp 2012 Application

Camper:		 		Age:	D.O.B	/	/
Mother's Name:		 	Emai	il			
Work (	)	 _Cell(	)		Home (	)	
Father's Name:		 	Email	L			<u> </u>
Work (	)	 _Cell(	)	_=	Home (	)	
Address:		 	_City			State	_Zip

1. On the table below, please circle A.M. (9 am-noon) P.M. (1-4 pm) or both for the desired days and times of camp attendance.

2. Then circle either "B" for basketball, (afternoons only) "D" for dance (morning and afternoon) and/or "SF" for sports fitness (morning and afternoon).

 <u>Checks are payable to: Sharks Sports Camps</u>. (\$15 each Half Day (a.m. or p.m.) or \$30 each full day <u>BEFORE June 1st</u>. If registering <u>AFTER June 1</u>, \$20 each Half Day or \$40 each full day.)

Mail completed application(s) to: Sharks Sports Camps, 217 South Mill Ridge Trail, Ponte Vedra Beach, Florida 32082.
Registration /drop off is either 8:45 a.m. or 12:45 p.m. Lunch is from Noon-12:45.

7. Campers may bring a lunch or bring \$5 for two slices of pizza, soft drink & ice pops each day. Lunch is from noon to 12:45 p.m.Lunch may be paid in advance for the week and included in the payment.

Day of Week	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	
Monday	June 11	June 18	June 25	July 9	July 23	July 30	
	A.M. P.M.						
	SF D B						
Tuesday	June 12	June 19	June 26	July 10	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.	
	SF D B	B D SF					
Wednesday	June 13	June 20	June 27	July 11	July 24	August 1	
	A.M. P.M.						
	SF D B	B D SF					
Thursday	June 14	June 21	June 28	July 12	July 25	August 2	
	A.M. P.M.						
	SF D B	SF D B	B D SF	B D SF	B D SF	B D SF	

Waiver Claims: 1, 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 Camp 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 Camp is operated by Bud Beech Basketball Camps, Inc. and Sharks Sports Camps.

Signature of Parent/Guardian

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