

BUD BEECH SUMMER CAMPS

WHERE: Ponte Vedra High School

WHEN: Camps starting May 30th

___ **Baseball/Youth Camp** **\$145**
 Ages 6 to 13
 June 11-14nd (15th as rain date)
 9am to Noon
 Meet at Field

___ **Baseball/ Strength Camp** **\$125**
 Rising Juniors and Seniors
 June 4th through July 15th
 Meet in Weight Room

___ **Baseball/Skills Camp** **\$295**
 Rising 9th Graders to Seniors
 June 4th through July 13th
 Meet at Field

___ **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 on back or
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

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 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 are operated by Bud Beech Basketball Camps, Inc.

X _____

Parent/Guardian Signature

Date: _____, 2018

INSURANCE: ALL 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 55-0642257

CHECK # _____ **AMOUNT \$** _____