

# BUD BEECH SUMMER CAMPS

**WHERE:** Ponte Vedra High School

**WHEN:** Camps starting June 4th

\_\_\_ **BASEBALL YOUTH CAMP**            \$145  
 Ages 6 to 13  
 June 11-14<sup>nd</sup> (15<sup>th</sup> as rain date)  
**9am to Noon**  
**Meet at Field. Direct questions to:**  
**Thomas.stanton@stjohns.k12.fl.us**

\_\_\_ **BASEBALL/STRENGTH CAMP**    \$125  
 Rising Juniors and Seniors  
 June 4th through July 15<sup>th</sup>  
**Meet in Weight Room.**  
**Direct questions to:**  
**Thomas.stanton@stjohns.k12.fl.us**

\_\_\_ **BASEBALL/SKILLS CAMP**        \$295  
 Rising 9<sup>th</sup> Graders to Seniors  
 June 4th through July 13<sup>th</sup>  
**Meet at Field. Direct questions to:**  
**Thomas.stanton@stjohns.k12.fl.us**

\_\_\_ **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 at  
[www.budbeech.com](http://www.budbeech.com)

\_\_\_ **VOLLEYBALL CAMP**                \$130  
 Rising 4<sup>th</sup> - 9<sup>th</sup>  
**June 11<sup>th</sup> -14<sup>th</sup>**  
**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**

REVISED MAY 16, 2018

**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: \_\_\_\_\_, 2018

**INSURANCE:** ALL SHARKS 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 \$** \_\_\_\_\_