

2020 Summer Sports Camp Mail-In Application

Session #1- June 8-12 (\$140) _____ Ext Day (\$50) _____

Session #2- June 15-19 (\$140) _____ Ext Day (\$50) _____

Session #3- June 22-26 (\$140) _____ Ext Day (\$50) _____

Session #4- June 29- July 3 (\$140) _____ Ext Day (\$50) _____

Session #5- July 6-10 (\$140) _____ Ext Day (\$50) _____

Session #6- July 13-17 (\$140) _____ Ext Day (\$50) _____

Session #7- July 20-24 (\$140) _____ Ext Day (\$50) _____

Session #8- July 27-31 (\$140) _____ Ext Day (\$50) _____

T-shirt size: YXS YS YM YL AS AM AL (please circle size)

In effort to keep camp costs down, Campers who attend more than one session of sports camp will be given only (one) T-shirt for the summer, to be worn on Fridays. Replacement T-shirts may be purchased for \$5.

Single Day Rates: Mon – Thur. \$35 per day Fri \$40 (pizza, bowling and shirt included)

Medical Conditions/Allergies _____

Child's Name _____ **Parent's Name** _____

Home # _____ **Cell #** _____

Work # _____ **E-Mail** _____

Please mail checks payable to: Tommy Hulihan P.O. Box 51323 Jacksonville Beach, Fl. 32240

Parental Permission and Release of Liability

The undersigned parent, guardian, or legal representative hereby consents to the participation

Of _____ (Please Print Name of Child)

In **Tommy Hulihan's St. Paul's Sports Camp** and all of it's associated activities. For and in consideration of the child being allowed to participate in this camp, and other valuable consideration, the undersigned parent, guardian, or legal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless the Diocese of St. Augustine; Felipe J. Estevez, Bishop of the Diocese of St. Augustine; a corporation sole; Bishop Felipe Estevez, individual, St. Paul's Catholic School, Tommy Hulihan's St.Paul's Sports Camp, all organizers of the camp, all volunteers, chaperones, employees, and agents of said parties: and their personal representatives or assigns from any loss or damage on account of any injury to the person or personal property of the child, or death, while the said child is engaged in the above stated camp and any of the activities of the camp. The undersigned expressly agrees that this release waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of Florida and that if any portion of this agreement is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/ she is authorized to enter this agreement on behalf of the child, child's parent's, personal representatives, assigns, heirs, and next of kin. I certify that my child is covered by a medical insurance policy, and therefore will be covered in case of any injury incurred while participating in this camp.

I further authorize any representative of this camp to obtain any medical treatment for said child in the unlikely event of an injury or illness during this program, and I agree to pay any expenses incurred for such treatment.

I give my child permission to ride a bus to Beach Bowl to go bowling. I will allow my child's photo to be used for marketing of Camps.

Signature of parent/guardian/legal representative

Date