

CAMP APPLICATION

Name _____ Age _____

Address _____

Zip _____ Home Phone _____

School Currently Attending _____

Grade Next Year _____

Parent's Name _____

Work Number _____

Emergency Contact Info _____

Insurance Company _____

Policy Number _____

Coverage: PPC HMO OTHER

T-Shirt Size

(Please circle one)

YOUTH SMALL MEDIUM LARGE

ADULT SMALL MEDIUM LARGE

Registration Information

To register, please send

- This Application
- Proof of Insurance
- Camp Fee

(MAKE CHECK PAYABLE TO: JIM MARTIN)

Mail to: Jim Martin, 2311 Fallen Tree Dr. E,
Jacksonville, FL. 32246 or drop off at the
Providence Upper School Office

Parent Permission and Release of Liability

The undersigned parent, guardian, or legal representative, hereby, consents to the participation of _____ (name of child) in Jim Martin's Sports Camp and all associated activities. For and in consideration of the child being allowed to participate in this camp, other valuable consideration, the undersigned parent, guardian, or legal representative on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless the Providence High School, Jim Martin's Sports Camp, all organizers of this camp, all volunteers, chaperons, employees, and agents of the 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, caused by negligence or otherwise, while the said child is engaged in the above stated camp and any activities of the camp. The undersign expressly agrees that this release, wavier, 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, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, or legal representative further acknowledge that he/she is authorized to enter this agreement on behalf of the child, child's parents, personal representatives, assigns, heirs, and next of kin.

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

(PARENT/GUARDIAN/REPRESENTATIVE SIGNATURE)

**JIM MARTIN
AMY MCARTHUR
RACHEL MURRAY**



SPORTS CAMP 2010

Camp is held at Providence
High School Gym
2701 Hodges Blvd.

Boys & Girls Grade K-6th
8:30 a.m.—3:00 p.m.
(gym doors open at 8:00 a.m.)

Session 1	June 1 - June 4	Cost \$120
Session 2	June 7 - June 11	Cost \$140
Session 3	June 14 - June 18	Cost \$140
Session 4	June 21-June 25	Cost \$140
Session 5	June 28 - July 3	Cost \$140

CIRCLE THE WEEK(S) ATTENDING

**SIGN UP EARLY—ENROLLMENT IS LIMITED TO
FIRST 65 STUDENTS**

CAMP PROGRAM

The purpose of the Sports Camp is to have fun in team sports and age appropriate activities.

Typical Day at Camp—Students Grouped by Age

8:00-8:45	Sign In/Social Time
8:45-9:15	Group 1 - Flag Football Group 2 - Kick Ball
9:15-9:30	Break (water/snacks)
9:30-10:15	Rotate Activities
10:15-10:30	Break
10:30-11:00	Activities
11:00-12:00	Lunch & Movie
12:15-1:15	Battle Ball by groups
1:15-2:00	Icee Pops/Basketball
2:00-2:30	Activities
2:30	Prepare for pick-up
2:45-3:00	Pick-up

A MESSAGE FROM COACH MARTIN

“We truly believe that our camp provides a unique opportunity for students to have fun playing different sports. Having fun is what our camp is all about!!!”

On Friday lunch will be provided (PIZZA) and we will take a bus to Bowl America for bowling.

**Sports
Camp
2010**

CAMP STAFF

Jim Martin, Director/Coach

904-994-5431

Amy McArthur, Coach

Rachel Murray, Coach

CAMP FEATURES

- Staff of experienced coaches
- Fun sports activities
- Flag Football
- Basketball
- Capture the Flag
- Flag Tag
- Four Square
- Battle Ball
- Movies
- Line Tag
- Bowling on Fridays
- Pizza Party on Fridays
- Camp T-shirts