

We believe, "The DESIRES of the DILIGENT are FULLY SATISFIED."

PROVERBS 13:4

Traditions are being established and our Coaching Staff and Varsity Players look forward to coaching you up this summer in preparation for your upcoming FOOTBALL season. School is out and the summer's sunshine means it is time to PLAY.

### **5 DAYS OF FOOTBALL**

**Every young man will learn how to:**

**Throw, Catch, Block, Tackle, Compete, Run, Kick,  
Exercise, Play  
2-hand Touch Games by Age  
\*Pray\***

TO REGISTER, please send:

- 1) This application, signed and completely filled out
- 2) Proof of Health Insurance
- 3) Camp Fee \$125, made payable to Providence School

**FOR MORE INFORMATION call 904-223-5270 x2165**

**Mail to: Ron Pompeo, Ath. Director, Providence School—2701 Hodges Blvd. / Jacksonville, FL 32224  
or drop off at the front desk of Providence School**

**\*Each day of camp you should wear cleats and  
Athletic clothes\***

# **PROVIDENCE FOOTBALL CAMP 2011**

**Ages 8-15 yrs. old**

**July 11th-15th  
9a-12p**

**\$125.00**

Providence School  
Athletic Complex  
2701 Hodges Boulevard  
Jacksonville, Florida 32224  
904-223-5270 \* [www.prov.org](http://www.prov.org)



Name \_\_\_\_\_ Entering Grade (Fall 2011) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents Names \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

In Case of Emergency, Please Call \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Coverage Type: PPC \_\_\_\_\_ HMO \_\_\_\_\_ Other \_\_\_\_\_

T-Shirt Size: Please Circle One                      ADULT — Small / Med / Large                      YOUTH — Small / Med / Large

**Parent Permission and Release of Liability**

The undersigned parent, guardian, or legal representative, hereby consents to the participation of \_\_\_\_\_ (name of child) in the Providence School Football Camp and all of its 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 representative on behalf of the child, do hereby release and hold harmless the Providence School Football Camp, all organizers of this camp, all volunteers, chaperones, 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 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, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, the 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 an injury or illness during this program, and I agree to pay any expenses incurred for such treatment.

\_\_\_\_\_  
**PARENT / GUARDIAN / REPRESENTATIVE**

\_\_\_\_\_  
**DATE**