

CAMP APPLICATION

Name _____ Age _____

Address _____

Zip _____ Home Phone _____

School Currently Attending _____

Grade _____

Parent's Name _____

Email _____

Work Number _____

Emergency Contact Info _____

Insurance Company _____

T-Shirt Size

(Please circle one)

YOUTH SMALL MEDIUM LARGE

ADULT SMALL MEDIUM LARGE

Registration Information

To register, please send

- This Application
- A check for camp
- Proof of Insurance

**(MAKE CHECK PAYABLE TO:
JIM MARTIN)**

Mail to: Jim Martin, 12864 Captiva Court, Jacksonville, FL 32225 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 Jacksonville Country Day 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 RACHEL MURRAY



SUMMER SPORTS CAMP 2011

Camp held at Providence
High School Gym

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

Session 1 May 23-May 27 Cost \$140
Session 2 May 31- June 3 Cost \$120
Session 3 June 6-June 10 Cost \$140
Session 4 June 13-June 17 Cost \$140
Session 5 June 20-June 24 Cost \$140

CIRCLE THE WEEK(S) ATTENDING
**SIGN UP EARLY—ENROLLMENT IS LIMITED TO
THE 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

8:00-8:30	Sign In/Social Time
8:30-9:20	Group 1 - Flag Football Group 2 - Kick Ball
9:20-9:30	Break (water/snacks)
9:30-10:15	Rotate Activities
10:15-10:30	Break
10:30-11:00	Activities/Games
11:00-12:00	Lunch & Movie
12:15-1:15	Battle Ball by groups
1:15-2:00	Icee Pops/Games
2:00-2:30	Basketball
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.



Summer Sports Camp 2011

CAMP STAFF

Jim Martin, Director/Coach

904-994-5431

Rachel Murray, Director/Coach

904-424-8573

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