

# 2010 St. Paul's Christmas Sports Camp Mail-In Application

Session 1- December 20-23 (\$95) \_\_\_\_\_ Ext. Day 3pm-6pm (\$40) \_\_\_\_\_

Session 2- December 27-30 (\$95) \_\_\_\_\_ Ext. Day 3pm-6pm (\$40) \_\_\_\_\_

## Single Day Rates for Christmas Sports Camp:

\$30 per Day:

Monday 20<sup>th</sup> - Wednesday 22<sup>nd</sup>

Monday 27<sup>th</sup> - Wednesday 29<sup>th</sup>

\$35 for Thursdays:

Thursday 23<sup>rd</sup> Thursday 30<sup>th</sup>

(Thursdays: Pizza/Drink, T-shirt, and Bowling)

Child's T-shirt size: YS YM YL AS AM AL (please circle size)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Parent's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Work # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Please make checks payable to: Tommy Hulihan**  
**Mail 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; Victor Galeone as Bishop of the Diocese of St. Augustine; a corporation sole; Bishop Victor Galeone, 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, caused by negligence or otherwise, 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, notwithstanding, 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 allow my child to take a bus to Beach Bowl and go bowling.

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 also authorize my child/children's pictures to be used in newspapers and in advertising.

\_\_\_\_\_  
Signature of parent/guardian/legal representative