

Camp Application:

Name _____

Grade next year _____

School _____

Address _____

Zip _____ Home Phone _____

T-shirt Size: YL AS AM AL AXL

E-mail address _____

Parent's Name _____

Work Number _____

In case of emergency, call _____

Phone _____

Please check session you will be attending:

JULY 19-JULY 23

_____ 4pm-6pm (Entering 6th-9th grade)
Girls only
\$65

JULY 26-30

_____ 4pm-6pm (Entering 2nd - 5th grade)
Girls and Boys
\$65

Mail checks payable to:

Tommy Hulihan
P.O. Box 51323
Jacksonville Beach, FL. 32240

**Parent Permission
And Release of Liability**

The Undersigned parent, guardian, or legal representative, hereby consents to the participation of _____ (name of player) in Tommy Hulihan's Beaches Basketball Camp and all of its associated activities. For and in consideration of the child being allowed to participate in this league, and 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 Tommy Hulihan's Beaches Basketball 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 league and any activities of the league. 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 league 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)

**Tommy Hulihan's
Basketball Camp
@ St. Paul's Catholic School**



When:

- July 19-July 23

4pm-6pm
Entering 6th-9th grade
Girl's only
(\$65)

- July 26-30

4pm-6pm
Entering 2nd-5th grade
Boys and Girls
(\$65)