

# 2010 St. Paul's Summer Sports Camp Mail in Application

Session 5- July 12- July 16 (\$110) \_\_\_\_\_ Ext. Day 3pm-6pm (\$50) \_\_\_\_\_  
Session 6- July 19-July 23 (\$110) \_\_\_\_\_ Ext. Day 3pm-6pm (\$50) \_\_\_\_\_  
Session 7- July 26-July 30 (\$110) \_\_\_\_\_ Ext. Day 3pm-6pm (\$50) \_\_\_\_\_

Daily Rates: Monday –Thursday- \$30 per day  
Friday- \$35 per day

T-shirt size: YS YM YL AS AM AL (please circle size)

In efforts to keep camp costs down, Campers who attend more than one session will be given only 1 T-shirt for the summer, to be worn on Fridays. Replacement T-shirts may be purchased for \$5.

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

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

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

Please make checks payable 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, 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, not withstanding, 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 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 give my child permission to ride a bus to go bowling.

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

\_\_\_\_\_  
Date