

Mail in Camp Application:

Name _____

Grade next year _____

School _____

Address _____

Zip _____ Parent's Name _____

T-shirt Size: YL AS AM AL AXL

E-mail address _____

Home Phone _____

Work Number _____

Cell Phone _____

Please check session you will be attending:

JUNE 13-17

Session #1

_____ 8:00am-11:00am \$100
Boys and Girls Entering 3rd-5th grade

_____ 11:00am-3:00pm \$50
Extended Care available.
BRING A LUNCH

Session #2

_____ 12:00pm-3:00pm \$100
Boys Entering 6th - 9th grade

Session #3

_____ 4:00pm-6:00pm \$65
Girls entering 6th-9th grade

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)

**2011 Tommy Hulihan's
Basketball Camp
@ St. Paul's Catholic School**



June 13-17

**Session #1
Girls and Boys entering 3rd-5th grade
8:00am-11:00am
*Extended Care available 11:00am-3:00pm**

**Session #2-
Boys entering 6th-9th grade
12:00pm-3:00pm**

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Girls entering 6th-9th grade
4:00pm-6:00pm**

