

2024-2025 AFTERSCHOOL CAMP

WELCOME TO FCA

AFTERSCHOOL CAMP

Thank you for your interest in Forgotten Coast Athletics – Afterschool Camp. Please take the time to read all the information contained in this packet. Understanding this information will help in ensuring a fun, successful, and efficient 2024-2025 Afterschool Camp.

IMPORTANT DATES

July 15, 2024Registration Begins

August 12, 2024Camp Begins

September 2, 2024No Camp - Closed for Labor Day

October 14 and 15, 2024 No Camp - Closed for Fall Break

November 25 – 29, 2024No Camp - Closed for Thanksgiving

Dec 23, 2024 - Jan 5, 2025No Camp - Closed for Christmas & New Years

January 20, 2025No Camp – Closed for MLK JR Day

February 17, 2025No Camp – Closed for President's Day

March 17 - 21, 2025No Camp - Closed for Spring Break

May 23, 2025Last Day of Camp

*NOTE: IF A SCHOOL DAY IS CANCELLED THROUGOUT THE YEAR, REGARDLESS OF REASON. FCA AFTERSCHOOL CAMP FOR THAT DAY WILL BE CANCELLED AS WELL.

FCA will have AFTERSCHOOL CAMP on the following ½ Days for Teacher Inservice. On these days Camp will go from 12:00 to 6:00. We will have pizza and drinks for the children and fun activities planned.

August 30thFebruary 28

September 27April 17

November 22

January 17

AFTER SCHOOL CAMP

(3:00PM – 6:00PM Monday Thru Friday)

CAMP IS LIMITED TO THE 1ST 26 ATHLETES TRANSPORTATION IS NO LONGER PROVIDED BY SCHOOL DISTRICT

THERE WILL BE TRANSPORTATION PROVIDED BY FCA FROM PSJE TO FCA

Dedicated Area at FCA for Afterschool Camp

Tumbling

Gymnastics

Cheerleading

Games

Homework

Drinks Provided Daily

Snacks Provided Daily

PAYMENTS

Discounts Will Be Given for Current FCA Athletes Enrolled in Competition Teams or Rec Classes as Listed Below. This Takes into Account Possible Overlap Between the Afterschool Camp and Team Practice Schedules.

10 Months – August Thru May

Dates Listed on "Important Dates" Page are Already Taken into Account in the Monthly Pricing Rates Listed Below

(\$345 Per Month Non-FCA / \$295 Per Month FCA)

Aug, Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May

Annual Paid In Full Discount – (\$3,450 Non-FCA / \$2,950 FCA)

First Month Payment Required to Hold Afterschool Camp Spot

If Your Athlete Decide to Take a Month Off, The Next Person on the Waiting List Will Take that Spot and Your Athlete Will Be Put on the Waiting List

No Other Discounts or Refunds Will Be Given

If an Athlete's Monthly Payment is Not Made by the 15th of the Month, the Athlete will Not be Able to Attend the After School Camp Until the Outstanding Payment is Made and May Lose His/her Camp Spot.

Pickup Time is 6:00pm. Please No Late Pickups. The Athlete's Account Will Be Charged \$15 for Everything 15 Minutes the Athlete is Late Being Picked Up

PAYMENTS

Making sure the Athlete's account status is up to date is the responsibility of the parent/athlete.

FCA WILL ACCEPT THE FOLLOWING FORMS OF PAYMENT FOR THE 1ST MONTH:

Credit Card – Use the Online Shopping Cart through Online Payments at www.forgottencoastathletics.com

Personal Check, Cash, or Credit/Debit Card in Person

All Camp Athletes MUST be enrolled in our Auto-Draft Program for the Remaining 9 Months (Unless the Year is Paid in Full)

All Camp Athletes Must Provide a Void Check and Auto Debit Authorization Form in Addition to the Registration Form and Liability Waiver Form

AFTERSCHOOL CAMP REGISTRATION

Athlete's Full Legal Name:
Athlete's Address:
Athlete's DOB:
Parent Guardian Name:
Parent/Guardian Phone:
Parent/Guardian Email:
Other Emergency Contact Name:

AUTHORIZATION, LIABILITY RELEASE, INDEMNITY AGREEMENT & MEDICAL RELEASE FOR FORGOTTEN COAST ATHLETICS Authorization. For good and valuable consideration, the receipt and sufficiency of which are hereby			
acknowledged, I			
<u>Liability Release</u> . I am fully aware that any activity involving motion, height, or other athletic activity, including that Activities specified herein, creates the possibility of serious injury and/or death to Minor. Nevertheless, I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless forever the Forgotten Coast Athletics, Stephanie Peterson and Tim Petersen, on whose premises at 305 Third Street, Port St. Joe, Florida 32456 the activities will occur (hereinafter the "Location"), and the respective owners, directors, officers, representatives, members, agents, shareholders and employees of Forgotten Coast Athletics, Stephanie Petersen and Tim Petersen (hereinafter collectively "Releasees") from any and all liability to me, the above-named Minor and any other person whether caused by the negligence (whether gross, willful, wanton or otherwise) of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising			

Other Emergency Contact Phone:

out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. This release of liability includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, product defect, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as is permissible under Florida law. I am fully aware of the nature of the Activities provided and the possibility of injuries arising from such Activities. This release is intended to be binding upon the Minor, his/her heirs, assignees, successor(s) in interest and anyone claiming by or through him/her.

I understand and agree that, by signing this Release, none of the Releasees may be held liable or responsible in any way for any injury, death, or other damages to me, the Minor, or our family, heirs or assigns that may occur as a result of Minor's participation in any of the Activities or as the result of the negligence of any of the Releases, whether passive or active. I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release forever releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur.

<u>Indemnity Agreement</u>. I further expressly agree to indemnify, defend and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, damages, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs (including attorney's fees) Releasees may have to pay as a result of any such action, claim, or demand, including any costs, loss and/or attorney's fees related to any legal action that may be necessary or appropriate to enforce the terms of this Agreement.

I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation in Activities subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Forgotten Coast Athletics, Stephanie Peterson and/or Tim Petersen to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the activity whether or not the activity actually occurs.

THE UNDERSIGNED HAS READ, UNDERSTOOD, AGREES WITH AND VOLUNTARILY SIGNS THE AUTHORIZATION, LIABILITY RELEASE, INDEMNITY AGREEMENT & MEDICAL RELEASE, and further agrees that no other oral representations, statements or inducements apart from the foregoing written agreement have been made. I further expressly agree that the foregoing AUTHORIZATION, LIABILITY RELEASE, INDEMNITY AGREEMENT & MEDICAL RELEASE is intended to be as broad and inclusive as is permitted by the law of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

SIGNATURE:	DATE: