

## Application for Enrollment

My child would like to enroll in the FootballCamp. I understand that transportation will not be provided. Please make checks payable to Travis Markoski

Payment after June 1st—\$125.00

### Please Print

Full Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Entering Grade \_\_\_\_ School \_\_\_\_\_

### Circle shirt size

Boy's:    Small    Medium    Large  
Men's:    Small    Medium    Large    X-Large

Parents may register by mail by filling out this portion of the brochure and signing the release statement on the other side. Please include your camp fee and return to the address below.

Campers may also register the day of camp one hour before the start of camp. Send completed registrations to:

Before care provided. Call for details.

Travis Markoski  
1739 Embassy Drive  
Jacksonville, FL 32207

Coach Markoski  
1739 Embassy Drive  
Jacksonville, FL 32207

# Coach Markoski's Football Camp Camp



*June 24-27*

*Bishop John J. Snyder  
High School Gymnasium*

**For more information call  
Coach Markoski at(904)504-  
0918 or**

***travismarkoski@bishopsnyder.org***

## Parental Permission and Release of Liability

The undersigned parent, guardian or legal representative hereby consents to the participation of \_\_\_\_\_ (name of child) in Coach Naughton's Basketball Camp and all of its 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 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 Diocese of St. Augustine; a corporation sole; Bishop Felipe J. Estevez individual; Bishop John J. Snyder, individual; Bishop John J. Snyder High School, Coach Naughton's 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 personal or the 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 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 or legal representative further acknowledges that he/she is authorize 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 camp to obtain medical treatment or 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

Signature \_\_\_\_\_

DATE \_\_\_\_\_

"Coach Naughton's Basketball Camp is not affiliated or associated with Bishop John J. Snyder High School, the Diocese of St. Augustine, Bishop John J. Snyder or Bishop Felipe J. Estevez as Administrator of the Diocese of St. Augustine, corporation sole."