



FORGOTTEN COAST

A T H L E T I C S

CHEERLEADING 🐢 GYMNASTICS 🐢 TUMBLING

2025 SUMMER CAMP

Camp Hours 8:00 to 5:00pm

7 weeks- Starting June 8

Closed June 29th-July 3rd

FORGOTTEN COAST ATHLETICS 305 3RD ST
PORT ST JOE, FL 32456
www.forgottencoastathletics.com
info@forgottencoastathletics.com
850-889-8765



SUMMER CAMP REGISTRATION FORM

Student Name _____ Age _____ School _____

Address _____ Zip _____

Parent's Phone _____ Camp _____

Student's email _____ Parent's email _____

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

\$75 REGISTRATION FEE TO HOLD SPOT

\$75 REGISTRATION FEE TO HOLD SPOT IN GOMOTION ACCOUNT

PAYMENTS

Making sure the Camper's account status is up to date is the responsibility of the parent. Campers **WILL NOT** be allowed to participate in the summer program if the account payment status is not current.

FCA WILL ACCEPT THE FOLLOWING FORMS OF PAYMENT:

Credit Card or ACH – Use the Online Shopping Cart through GoMotion:

<https://www.gomotionapp.com/team/flfca/page/class-registration>

The duration of the camp is 7 weeks. Payment can either be made weekly or paid in full. If you elect to pay weekly, your account will be Auto Drafted on Monday of each week for \$205.00. If you pay in full, the total for the summer is \$1,435.00.

*****3.9 PROCESSING FEE ON ALL TRANSACTIONS!*****

It is the responsibility of the parent to pay for all field trip costs. These **ARE NOT** included in the tuition.

FCA DOES NOT provide lunch for campers. **FCA WILL** provide an afternoon snack at 3:00pm

Please bring a lunch and water bottle each day of camp.

JUNE '26

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
Theme Animals 7	Summer Camp Starts 8	ZOO WORLD LEAVE AT 9:00AM 9	Animal Tales Fossils Alive Program 2:30-3:30 10	ART CLASS 1:00-3:00 11	POOL DAY PIZZA 12	13
Theme Stem 14	15	WonderWorks Leave at 9:00am 16	ART CLASS 1:00-3:00 17	SKATERS CHOICE 12:00-2:00PM 18	POOL DAY PIZZA 19	20
Theme Ocean Life 21	22	Blue Springs State Park 9:00am 23	ART CLASS 1:00-3:00 24	Forgotten Coast Sea-Turtle Center 10:00am 25	POOL DAY PIZZA 26	27
28	FCA CLOSED THIS WEEK 29	30				

JULY '26

MO	TU	WE	TH	FR	SA	SU
		1	2	3	4	5
FCA CLOSED						
6 CAMPING	7 JUST JUMP LEAVE 9:00	8 ART CLASS 1:00-3:00	9 PARK AND LIBRARY	10 POOL AND PIZZA	11	12
13 FARM ANIMALS	14 TALLAHASSEE MUSEUM AND TOUR	15 ART CLASS 1:00-3:00	16 PARK AND LIBRARY	17 POOL AND PIZZA	18	19
20 FLORIDA HISTORY	21 FLORIDA CAPITAL TOUR	22 ART CLASS 1:00-3:00	23 PARK AND LIBRARY	24 POOL AND PIZZA	25	26
27 SPACE	28 ROCK IT LANES LEAVE AT 9:00AM	29 ART CLASS 1:00-3:00	30 PARK AND LIBRARY	31 POOL AND PIZZA		

DEAR FCA PARENTS,

The cost of Field trips for the summer program for the month of June is the following:

June 9 Zoo World PCB \$12 bring lunch
June 12 Pool and Pizza for lunch \$5.00
June 16 WonderWorks \$25.00 includes lunch
June 18 Skaters Choice \$13.50 includes lunch
June 19 Pool Day and Pizza for lunch \$5.00
June 23 Blue Spring State Park \$5.00 for lunch
June 26 Pool and Pizza for Lunch \$5.00

Total for all Field Trips in June is \$70.50

PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS!

Thanks,

Mrs. Stephanie and Ms. Rainey

**FORGOTTEN COAST
ATHLETICS**

Field Trip Permission Slip

Dear Parents,

We at Forgotten Coast Athletics would like to invite your camper to the following field trips.

Pool Days will be at The Petersen Pool on Fridays

Every Thursday we offer trips to the Gulf County Library from

1-2. We plan to go to all the city parks in Port St. Joe

DETAILS:

List of Trips outside of GULF COUNTY;

- Blue Springs
- Zoo World
- Rock It Lanes
- Just Jump PCB
- Movies Regal PC
- Wonder Works
- Ocheesee Creamery and Farm
- Florida Capital
- Tallahassee Museum

REMINDERS FOR STUDENTS:

Bring snack lunch and drink

Spending Money

Book to read on the bus or game to play on the ride

PARENT'S CONSENT FORM

By signing this permission slip you are allowing your child to participate in all the field trips with Forgotten Coast Athletics.

Details of Parent/Guardian _____

Name: _____

Contact: _____

Address: _____

EMERGENCY INFORMATION

In case of emergency, _____

contact _____

Relation to Student _____

Signature over printed name

Date signed



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 _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant any permission necessary to allow Minor to participate in athletic and related activities, including but not limited to all aspects of gymnastics, tumbling, trampoline, dance and/or cheerleading, training and/or competition (hereinafter "Activities"), to be conducted by Forgotten Coast Athletics, 305 Third Street, Port St. Joe, Florida 32456, Stephanie Petersen and Tim Petersen. In addition, I give Forgotten Coast Athletics, Stephanie Petersen and Tim Petersen to film, photograph or videotape the above Minor for any reproductions, movies, televised events, or promotional, marketing or print-associated materials in any way connected with Forgotten Coast Athletics.

Liability Release. 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 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.

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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.

Indemnity Agreement. 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 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: _____