



# FORGOTTEN COAST

A T H L E T I C S

CHEERLEADING  GYMNASTICS  TUMBLING

## 2024 SUMMER CAMP

**Camp Hours 8:00 to 5:00pm**

**8 weeks- Starting June 3rd**

**July 1-5 Closed**

FORGOTTEN COAST ATHLETICS  
305 3<sup>RD</sup> ST

PORT ST JOE, FL 32456

[www.forgottencoastathletics.com](http://www.forgottencoastathletics.com)

[info@forgottencoastathletics.com](mailto:info@forgottencoastathletics.com)

850-889-8765

# June

Please bring lunch and drink everyday to FCA!

2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
2 Disney WEEK 1	3	4 VIP Cinemas Movies-IF Leave at 10:00am \$10.00	5	6 Library and Park	7 Pool Rish Park on the Cape- 1:00-3:00 Bring swimsuit and towel	8
9 STEM & Science WEEK 2	10	11 Panama City Beach Wonderworks Leave at 9 am \$25.00	12	13 Library and Park	14 Pool Rish Park on the Cape- 1:00-3:00 Bring swimsuit and towel	15
16 Animal Week 3	17	18 Panama City Beach Zoo World Leave at 9am \$12.00	19 ZooFari Earth Animal Tales Comes to FCA @1:00pm	20 Library and Park	21 Pool Rish Park on the Cape- 1:00-3:00 Bring swimsuit and towel	22
23 Ocean Life Week 4	24	25 VIP Cinemas Movies- Inside Out Leave by 10:00am \$10.00	26	27 St. Andrew's State Park \$2.00 and MONEY for lunch Leave at 10am	28 Pool Rish Park on the Cape- 1:00-3:00 Bring swimsuit and towel	29
30		June 14- Forgotten Coast Sea Turtle Center 10:00am (Free)			Fridays are Water Days PIZZA Every Friday \$5.00 if you want pizza	



# 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:

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**\$50 REGISTRATION FEE TO HOLD SPOT**

# PAYMENTS

Making sure the Camper's account status is up to date is the responsibility of the parent. Camper's WILL NOT be able to participate in the summer program if payment has not been made. Camper's name will not be on the attendance sheet if the Camper is not registered for the summer program.

**FCA WILL ACCEPT THE FOLLOWING FORMS OF PAYMENT:**  
**Credit Card or ACH – Use the Online Shopping Cart through GoMotion:**  
<https://www.gomotionapp.com//team/fifca/page/class-registration>

The duration of the camp is 8 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 \$195.00. If you pay in full, the total for the summer of \$1,560.00.

**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 Joseph's Bay County Club.

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;

Rish Park at the Cape

Zoo World

Marianna Caverns

Science/Discovery Center

Estuarine

Movies in Panama City

Wonder Works

## 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: \_\_\_\_\_  
\_\_\_\_\_

## REMINDERS FOR STUDENTS:

Bring snack lunch and drink

Spending Money

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

## 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 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.

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_