

AND ACTIVITIES BDA SPORTS CAMP REGISTRATION FORM



Week 1: July 1-5
Week 2: July 8-12
Week 3: July 15-19
Week 4: July 22-26
Week 5: July 29-31 **CUPMATCH WEEK**

Email Registration
admin@jagathleticsbda.com &
dwade@somersfield.bm

FEES PAYABLE:

- BANK TRANSFER
- CASH ACCEPTED WITH ENTRY FORM

Transfer to
DaVon Wade at Clarien Bank

Account Number:
7010042800

Send transfer confirmation to
emails above

JUMP CAMP INFO:

Dates:
 July 1- 31st

Time: 8:15 – 4:00pm

Location:
 Somersfield Academy
 Gymnasium

FEE: \$245
\$295 FOR AFTERCARE
\$450 SIBLING RATE
\$550 SIBLING RATE W/
AFTERCARE
\$180 CUPMATCH WEEK



REGISTRATION: Fill Out and Circle

Child's Name: _____

Guardian's Name(s) _____

Child's School: _____ Age: _____ Gender: Male / Female

Week(s) of Attendance: Week 1 Week 2 Week 3 Week 4 Week 5

Guardian Contact Phone Number:

(1) _____ (2) _____ (3) _____

Guardian's Email: _____

Allergies: _____

Guardian's Signature: _____

Date: _____

WAIVER: Intending to be legally bound and in consideration of your acceptance of this entry form to BDA Sports Camp with Jump 2B Fit, I hereby waive and release any and all claims I may have against BDA Sports Camp with Jump 2B Fit and any individuals involved in the organisation and activities of the club, for any and all injuries suffered by this child in the participation of this program.