

INCOMING FIRST - FIFTH GRADERS

# BDC SUMMER CAMP 2019

8:30AM-3:30PM (AFTERCARE 3:30-5:30PM)

WEEKLY OPTIONS AVAILABLE | BRING YOUR OWN LUNCH!

## SOCCER BOOT CAMP

June 11-14 | \$350  
August 5-9 | \$400



- Learn how to play the most popular sport on earth!
- All skill and age levels. No prior experience needed!
- Experienced coaches teach soccer skills in a fun, non-competitive & educational environment.
- Soccer practice 8:30am-12pm, other camp activities 12pm-3:30pm

## DAY TRIPPERS CAMP

June 17-21 | \$400  
August 12-16 | \$400



- Be a tourist in your hometown with a different field trip every day!
- Impactful educational experiences will connect campers their community and nature.

## ENGINEERING CAMP

June 24-28 | \$400



- A vibrant and creative program offering engineering design challenges & creative projects that will engage children's heads, ears, and hands.
- Team work, friendly competition, and individual projects will inspire creativity in every camper.
- Engineering 8:30am-12pm, other camp activities 12pm-3:30pm

RSVP by June 11



2625 SW 3rd Avenue | Miami, FL 33129 | (305) 854-3911 | [www.bethdavidmiami.org](http://www.bethdavidmiami.org)

**Registration fees: \$25 a week | Aftercare: \$150 a week**

**Please select from the following options:**

(June 11-14)	(June 17-21)	(June 24-28)	(August 5-9)	(August 12-16)
Soccer Boot Camp \$350	Day Trippers Camp \$400	Engineering Camp \$400	Soccer Boot Camp \$400	Day Trippers Camp \$400
Aftercare \$120	Aftercare \$150	Aftercare \$150	Aftercare \$150	Aftercare \$150

**Please note: registration & camping fees are NON-REFUNDABLE!**

Total: \$  Check #  Visa  MasterCard  AmEx  
 Payable to **Beth David Congregation**

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Registration Form**

<b>Child's Name</b>	
Last: _____	First: _____
Date of Birth: _____	Phone Number: _____
Address: _____	
<b>Parent 1 Name</b>	
Last: _____	First: _____
Parent 1 Email (print clearly): _____	Parent 1 Cell: _____
<b>Parent 2 Name</b>	
Last: _____	First: _____
Parent 2 Email (print clearly): _____	Parent 2 Cell: _____
<b>*Allergies:</b>	
<b>Campers who do not have a medical form on file must provide it upon registration.</b>	

By signing this camp registration form, we agree to the camp fees as cited above. **We understand that we are responsible for the fees prior to the session.** All checks should be made payable to **Beth David Congregation.**

\_\_\_\_\_  
Signature of Parent or Person Financially Responsible for camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Person Financially Responsible for camper

**Photography release:** I agree to allow my child's name, photograph, and information to be used by the camp/school in the camp/school's publications, videos, promotional materials and website, without compensation and without prior notice. I release and hold the camp/school harmless from any liability stemming from the use of my child's name, photograph, or information.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date