

# Julington Creek Plantation Club

# SKATEBOARD CLINIC

Come join us at the Julington Creek Plantation **Sports Plex** for a  
6-Session Skateboard Clinic.

**Info:** Clinics will take place on Saturdays; private lessons are available and scheduled on an individual basis. All sessions will be instructed by professional skateboarder Jason "Duddy" Davidson. For more info please contact Duddy at the Sportsplex 904-821-3633 or [jdavidson@jcpcdd.org](mailto:jdavidson@jcpcdd.org).

**Clinics: All Ages 10am-11am**

\$75 for all 6 or \$15 per lesson

**Private: Available Upon Request**

\$125 for all 6 or \$25 per lesson  
Buddy Lesson \$175 for all 6 or \$35 per lesson

**Birthday Parties**

Up to 5 participants / \$40 per hour  
6-10 (max) / \$60 per hour

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  M  F

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Lesson Type:  Saturday Clinic  Private

Does your child have any medical concerns/athletic injuries we should be aware of?  Yes  No

(Please list): \_\_\_\_\_

I understand that Julington Creek Plantation Community Development District (JCPCDD) assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the JCPCDD's sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that JCPCDD is NOT responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give my permission to the physician selected by JCPCDD to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to JCPCDD to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting JCPCDD programs.

I give my permission for my child to be transported by the bus service secured by JCPCDD for related programs activities.

\_\_\_\_\_  
PARENT/GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_  Credit  Cash  Check # \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_