

Reserve your spot by filling out the
online google form or mailing this form

to:

Steve Price

Ponte Vedra High School

460 Davis Park Road

Ponte Vedra Beach, FL 32081

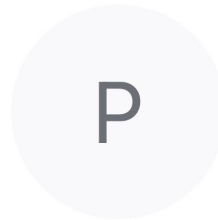
*Do not mail cash

Cash, check, or Venmo will be
accepted on the first day of the
camp.

Venmo payments can be
sent to @pv-elite. Please
add six dollars (\$306) for
all Venmo payments to
cover transaction fees.
Please make sure to in-
clude your child's name.



PV Elite
Speed, Strength and Agility Camp



Pv Elite
@pv-elite



venmo

Email: steveprice13@gmail.com

PV ELITE FOOTBALL

**Speed, Strength and
Agility Camp**



When:

June 3 - June 27 2024

July 8 - July 23, 2024

Rising 9th-12th graders

**Monday, Tuesday, Wednesday, Thursday
7:30AM-11:30AM each day**

Camp Director

Steve Price

Head Football Coach
Ponte Vedra High School

State Coach of the Year.
1998, 2004, 2006, 2018



**Register online by
accessing this QR
Code**



2024 PVHS FB Conditioning Camp

What to Bring

Campers should wear workout clothes (T-shirt, shorts, tennis shoes) and bring cleats. All participants must bring a personal water bottle clearly labeled with the camper's name.

Physicals / Registration

Every camp participant must have a current athletic physical (EL2 form) and have registered via Athleticclearance.com

<https://www-pvhs.stjohns.k12.fl.us/athletics-new/wp-content/uploads/sites/75/2014/11/PHYSICAL-EL2-FORM.pdf>

Registration Form

Name: _____

Parent/Guardian Name(s): _____

Address: _____

street

city

zip code

◇ General Session (\$300)

Phone: (____) _____ - _____

CAMP COST: \$300

Please make checks payable to PV Elite, LLC.

Method of Payment

☐ Check (# _____)

☐ Cash

Disclaimer:

I as a parent/guardian, hereby give permission for my child to participate in The PV Elite Speed, Strength, and Agility Camp. I acknowledge the fact that he is physically able to participate in camp activities. I authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) due to sickness or injury to my son. I hereby waive any claim I might have against PV Elite and the institution providing the facilities.

Parent/Guardian Signature _____

Date

(Detach along line and return with payment)