## LARAMIE COUNTY COMMUNITY COLLEGE 2015 Winter Volleyball Camp Registration

Name:	Address:	Phone:	Grade:
School:	Position:	Club:	Height:
School.	FOSILIOII.	Club.	neigiit.
LCCC Voll		tion and payment to: College Dr – Cheyenne	, WY 82007
Liability Relea	ase and Medic	cal Authorizati	on Waiver
participate in the LCCC 2015 Volleyball Camp activity. As I Volleyball Camp, the LCCC Be participants, in said Volleyba injury which result from the	Volleyball Camp, I hereby as parent/guardian, I hereby, re pard of Trustees and their m all Camp program from all lia	ege Volleyball Camp granting t ssume all risks of personal inju elease Laramie County Commo nembers, officers, employees, ability, including claims and sui leyball Camp activities.	ory that may result from unity College, the LCCC and agents, all instructor and
-	my consent to the health aut College Volleyball or any lice	thorities of Laramie County Co ensed physician or athletic tra t to:	_
Camper's Name			
I agree to assume all costs re other charges in connection		nderstand that I will be responce at this camp.	nsible for any medical or
Parent/Legal Guardian S	ignature	 Date	