

LARAMIE COUNTY COMMUNITY COLLEGE  
**2016 Winter Volleyball Camp  
 Registration**

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>	<b>Grade:</b>
<b>School:</b>	<b>Position:</b>	<b>Club:</b>	<b>Height:</b>

**Mail or Drop-Off your registration and payment to:  
 LCCC Volleyball Camp – 1400 E College Dr – Cheyenne, WY 82007**

## Liability Release and Medical Authorization Waiver

### ***Liability Release***

In consideration of the Laramie County Community College Volleyball Camp granting the child(ren) permission to participate in the LCCC 2016 Volleyball Camp, I hereby assume all risks of personal injury that may result from Volleyball Camp activity. As parent/guardian, I hereby, release Laramie County Community College, the LCCC Volleyball Camp, the LCCC Board of Trustees and their members, officers, employees, and agents, all instructor and participants, in said Volleyball Camp program from all liability, including claims and suits at law or in equity, for injury which result from the child(ren) taking part in Volleyball Camp activities.

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

### ***Medical Authorization***

I hereby authorize and give my consent to the health authorities of Laramie County Community College and Laramie County Community College Volleyball or any licensed physician or athletic trainer to perform upon or administer any reasonable, necessary medical treatment to:

\_\_\_\_\_  
**Camper's Name**

I agree to assume all costs related to such treatment, I understand that I will be responsible for any medical or other charges in connection with the student's attendance at this camp.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**