2016 Summer Volleyball Camp Registration

General Information					
Camper's Name:		City:	State:	7in:	
		Parent's/Guardian's Name:			
		Grade Entering Fall 2016:			
	/olleyball Camp	our registration and payment to - 1400 E College Drive – Chey	enne, WY 82		
Pieas	e check the box be	rlow for the camp(s) that your child i			
	B.Y.O.P Camp Elite Skills Camp		Youth Volleyball Camp		
May 15th		June 10-12	_	ust 2-3	
Grades K-	8	Grades 7-12	Gra	des 4-6	
\$25	_	\$100 \$200	;	\$50	
		Commuter Resident 🔲			
participate in the LCCC Volleyball Camp activit Volleyball Camp, the L participants, in said Vo	E Laramie County Co C 2016 Volleyball Car ty. As parent/guardi CCC Board of Truste olleyball Camp progr	mmunity College Volleyball Camp granting, I hereby assume all risks of persona an, I hereby, release Laramie County Colles and their members, officers, employ am from all liability, including claims aring part in Volleyball Camp activities.	al injury that may ommunity Colleg rees, and agents,	y result from se, the LCCC , all instructor and	
	give my consent to nunity College Volley	the health authorities of Laramie Coun ball or any licensed physician or athlet lical treatment to:			
Camper's Name					
		treatment, I understand that I will be reent's attendance at this camp.	esponsible for ar	ny medical or	
Parent/Legal Guard	lian Signature		Date		

PRS 1596 5/14