2015 Summer Volleyball Camp Registration

General Information - Individual Camp

Camper's Name:			
Address:		City:	State: Zip:
Email:		Parent's/Guardian's Name Grade Entering Fall 2015:	<u>;</u>
Cell Phone:	Work Phone:	Grade Entering Fall 2015:	Date of Birth:
LCCC		our registration and payment to o – 1400 E College Drive – Che	
Plea	se check the box bo	elow for the camp(s) that your child	is registering for.
B.Y.O.P Ca May 23rd Grades K- \$25	l	Elite Skills Camp June 10-12 Grades 7-12 \$100 \$200 Commuter Resident	Youth Volleyball Camp July 29-30 Grades 1-6 \$50
Liability R	elease an	d Medical Authoriz	ation Waiver
participate in the LCC Volleyball Camp activi Volleyball Camp, the I participants, in said V	e Laramie County Co C 2015 Volleyball Ca ity. As parent/guard .CCC Board of Truste olleyball Camp prog	ommunity College Volleyball Camp grar mp, I hereby assume all risks of person ian, I hereby, release Laramie County C ees and their members, officers, emplo ram from all liability, including claims a ing part in Volleyball Camp activities.	al injury that may result from community College, the LCCC yees, and agents, all instructor and
Parent's Signature			
	d give my consent to nunity College Volle	the health authorities of Laramie Cou yball or any licensed physician or athle dical treatment to:	
Camper's Name			
_		treatment, I understand that I will be ent's attendance at this camp.	responsible for any medical or
Parent/Legal Guard	dian Signature		Date PRS 1596 5/14