

LCU Volleyball Camps 2009 Registration Form

Name _____

Address _____

City/State _____

Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Email _____

School _____

Grade (09-10) _____

Parent's Name _____

Please Check appropriate boxes to indicate the camps you plan to attend

- Little Spikers(\$65.00)
- Basic Skills (\$75.00)
- Advanced Skills (75.00)
- Team Camp (\$90.00)

Team Name _____

Circle Tshirt Size

Youth : S M L

Adult : S M L XL

As parent or guardian, I hereby grant permission for, _____, to participate in the LCU volleyball camps designated on the reverse side. I acknowledge that she is physically able to participate in camp activities. I hereby release the camp and its employees from all claims from injuries or illness which may be sustained by my child and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary while attending camps.

Parent Signature _____

To reserve your spot please fill out the registration form and send in a non refundable \$25.00 deposit to:

Coach Jennifer Lawrence
Lubbock Christian University
5601 19th St
Lubbock, TX 79407