

2016 LCM LADY BEAR VOLLEYBALL CAMP

**Monday – Thursday, June 27<sup>th</sup> – June 30<sup>th</sup>**

*incoming 3<sup>rd</sup> – 4<sup>th</sup> graders 8:30 – 9:30 \$45*

*incoming 5<sup>th</sup> – 6<sup>th</sup> graders 9:30 -11:00 \$55*

*incoming 7<sup>th</sup> – 9<sup>th</sup> graders 11:00 – 1:00 \$65*

**Located at North Orange Baptist Church**

Camp Director: Cammie Palmer

Camp Features: T-shirt, Fundamentals, Strategies/Competition

**Day of registrations are permissible HOWEVER registrations received after June 16<sup>th</sup> will NOT receive a t-shirt.**

-----Please, cut and return bottom portion with payment-----

Lady Bear Camp Application and Consent Form

Please return form AND check or cash to:

**(checks payable to)** Cammie Palmer (contact: 409-920-2331 or [cammiep@lcmcisd.org](mailto:cammiep@lcmcisd.org))

Send To: 1936 Wilson

Orange, TX 77632

Name \_\_\_\_\_ Grade Fall 2016 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best cell contact: person \_\_\_\_\_ number \_\_\_\_\_

Best email address \_\_\_\_\_ t-shirt size (YS-A2XL) \_\_\_\_\_

I certify that \_\_\_\_\_ has my permission to participate

in the Lady Bear Volleyball Camp. I authorize the camp director to act for me according to her best

judgment requiring medical attention. I hereby waive and release the Lady Bear Volleyball Camp Staff

and LCM C.I.S.D. and the used facility from liability for injury. I know of no mental or physical problems that affect my child's

ability to safely participate in this camp. I certify that the mentioned child has medical insurance in case

of emergency.

Please, list any know medical conditions. \_\_\_\_\_

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_