RELEASE WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT

I, ____________, HEREBY AUTHORIZE THE STAFF OF THE VOLLEYBALL CAMP AT THE “U” TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I HEREBY WAIVE AND RELEASE LSU, LSU BOARD OF SUPERVISORS AND THE CAMP FROM ANY AND ALL LIABILITY FOR INJURIES WHILE AT CAMP. I HAVE NO KNOWLEDGE OF ANY PHYSICAL IMPAIRMENT THAT WOULD BE AFFECTED BY MY CHILD'S PARTICIPATION IN CAMP. I WILL PROVIDE A COPY OF MY CHILD'S MEDICAL INSURANCE CARD.

__________________________
(CHILD’S NAME)

__________________________
(PARENT/GUARDIAN SIGNATURE) THE ABOVE NAME AND APPLICANT IS PHYSICALLY QUALIFIED TO PARTICIPATE IN THE VOLLEYBALL CAMP AT THE “U”.

Volleyball Camp
at the “U”

FUN-DA-MENTAL SKILLS CAMP
MAY 28 - 31, 2018

GAME & TEAM STRATEGY CAMP
JUNE 4 - 7, 2018

RESERVE YOUR SPOT!
CAMP SESSION:
RISING 3RD - 9TH GRADE VOLLEYBALL FUNDAMENTAL SKILLS CAMP
DATE: MAY 28 - 31, 2018
COST: $135

ALL CAMPERS WILL RECEIVE A CAMP T-SHIRT
THE FUNDAMENTAL SKILLS CAMP ONLY!
INDIVIDUAL PRIZES WILL ALSO BE AWARDED FOR COMPETITION WINNERS.

GAME & TEAM STRATEGY CAMP
DATE: JUNE 4-7, 2018
COST: $135.00

CAMP TIMES:
REGISTRATION: 8:00AM - 9:00AM
CAMP: 9:00AM - 12:00 PM

PLACE:
UNIVERSITY LAB SCHOOL
CUB GYMNASIUM
45 DALRYMPLE DRIVE
BATON ROUGE, LA 70803

MEALS:
BRING YOUR OWN SNACKS
CONCESSION STAND WILL BE AVAILABLE
SMOOTHIE KING ORDERS TAKEN DAILY!

PAYMENT METHOD:
PAY AT REGISTRATION OR MAKE CHECK PAYABLE TO
BONITA JOHNSON
PLEASE MAIL PAYMENT TO
12629 EAST ROBIN HOOD DRIVE
BATON ROUGE, LA 70815

PLEASE NOTE THE CAMPERS’ NAME ON THE MEMO LINE OF THE CHECK.

WHAT TO BRING:
T-SHIRT, SHORTS OR TIGHTS, GYM SHOES, SOCKS, KNEE PADS, & A GOOD ATTITUDE!

NAME: __________________________
ADDRESS: ________________________
EMAIL ADDRESS: ____________________
PARENT’S NAME: ____________________
EMERGENCY PHONE: ____________________
PLEASE INCLUDE A COPY OF YOUR CHILD’S MEDICAL INSURANCE CARD.
GRADE (FALL 2018) : ____________

T-SHIRT SIZE
(CIRCLE ONE) - FOR SKILLS CAMP ONLY!
YL AS AM AL AXL
*FUNDAMENTAL SKILL CAMP ONLY!

FOR OFFICE USE ONLY:
AMT REC ________________________
CHECK # ________________________
DATE REC ________________________