



&



**LAKE WORTH
CHRISTIAN**

2023 SUMMER VOLLEYBALL CAMP

7592 High Ridge Road, Boynton Beach, FL 33426

Week I: July 24 - 27

Week II: July 31 - August 3

9:00AM - 2:00PM

Location: **Lake Worth Christian School**

7592 High Ridge Road
Boynton Beach, FL 33426

Cost: **\$175** per week or both for **\$300**

All campers should bring their own lunch & refillable water bottle each day.

All age campers are encouraged to attend.

We will divide campers in groups according to their skill level.

Sessions will include individual and team instruction
on skills, positioning, and team play.

We will have various competitions with awards.

All campers will receive a camp t-shirt.

Please circle which week or weeks you would like to attend:

Week I

Week II

Both

T-shirt size: YM XS S M L XL

(adult sizes)

Please fill out the registration form and mail it in with check payable to Palm Beach Jrs.

Mail to: **Terri Kaiser, 7142 High Ridge Road, Boynton Beach, FL 33426**

If you have any questions, please contact Terri Kaiser at 561.586.1437

Kaisert@bellsouth.net

Registration Form

Camper Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School Attending in Fall: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact # (mother): _____ Contact # (father): _____

Contact Email: _____

Emergency #/Name (in case parents can not to reached): _____

Please list any known medical conditions such as allergies (including food & insects), diabetes, prescribed medication and any emergency treatment if necessary: _____

Insurance Company: _____ Policy #: _____

Family Physician: _____ Phone #: _____

Authorization for Release:

I give permission for my child _____ to be released to the following person(s) for transportation home from a Lake Worth Christian Volleyball Camp.

Name/Relationship _____

Indemnification Statement:

The participant, parent or legal guardian of a participant, agrees to indemnify, defend and hold harmless Lake Worth Christian School and any person(s) associated with the camp from any and all injuries, property damage and other claims, liabilities, loss and causes of action which may arise from his/her child's participation in this program or from emergency medical care, and further agrees to not hold Lake Worth Christian and all person(s) associates with the summer program for any injuries that may occur as a result of participation in said program, while on property or during activities taking place off the premises. Authorization is hereby given for emergency medical care of said participant should the need arise. I hereby grant Lake Worth Christian School permission to use photographs of me and/or my child in printed materials, informational displays or slide presentations.

_____ **Parent/Guardian Signature**