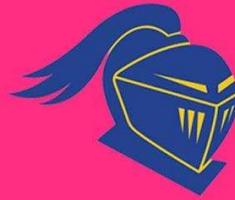




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**LAKE WORTH
CHRISTIAN**

2026 SUMMER VOLLEYBALL CAMP

Session I: July 27 - 30

Session II: August 3-6

Time: 9:00am - 2:00pm

Location: Lake Worth Christian School
7592 High Ridge Road
Boynton Beach, FL 33426

Cost: \$200 per session or both for \$350

All campers should plan on bringing their own lunch 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 session or sessions you would like to attend:

Session I

Session II

Both

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

Registration Form

Camper Last Name: _____ **First Name:** _____

Sex: Male or Female **Date of Birth:** _____ **Age:** _____ **Grade:** _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

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

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 #:** _____

T-shirt Size: _____

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