



**Lake Worth Christian & Palm Beach Jrs**  
**2018 VOLLEYBALL Camps**  
*7592 High Ridge Road Boynton Beach, Fl 33426*

**SESSION I - Mon-Thu: July 23-26**  
**SESSION II - Mon-Thu: July 30 - Aug 2**  
**9:00 AM – 2:00 PM**  
**\$175 per session**  
 (You can attend both sessions for \$300)

**All Age Campers are encouraged to attend. We will divide campers in groups according to your 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.**

Which session or sessions you would like to attend

	<b>Session I</b>	<b>Session II</b>	<b>Both</b>		
<b>T-shirt Size:</b>	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>
(Adult Sizes)					

Campers should plan on bringing their own lunch each day.

Please fill out the form on the back and mail it in with check payable to **Palm Beach Jrs**

**Mail to:** Terri Kaiser *7142 High Ridge Rd Boynton Beach FL 33426.*

If you have any questions, please contact  
**Terri Kaiser at 561.586.1437 or email [kaisert@bellsouth.net](mailto:kaisert@bellsouth.net)**



# REGISTRATION FORM

Last Name, First (Nickname) \_\_\_\_\_

Parent email address \_\_\_\_\_

Camp Choice (circle)    Session I    Session II    Both

Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Child Attends \_\_\_\_\_

Emergency Numbers:

Mother's Name/Number (Cell/Home) \_\_\_\_\_

Father's Name/Number (Cell/Home) \_\_\_\_\_

Emergency Contact during camp hours \_\_\_\_\_

Please list any know medical conditions such as allergies (including food & insects), diabetes, medication prescribed, and emergency treatment if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

## Authorization for Release:

I give permission for my child to be released to the following persons 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.