

2014 Lorena Volleyball Camp

June 16th – 19th

Where: Lorena MIDDLE School Gym

Time: Session I 9:00 – 12:00 Incoming 4th, 5th, and 6th graders
Session II 1:00 – 4:00 Incoming 7th, 8th and 9th graders

Cost: \$60.00 Please make checks payable to: Kari Sowders
942 Vail Highlands
Hewitt, TX 76643

Camp Director : Kari Sowders

Camp Instructors: Lorena Volleyball Coaching Staff and Ex-Players

Registration: Please register early – You may register at the door.

Camp Rules: The camper needs to supply their own kneepads and shoes. No black soled shoes or non-court shoes. Parents may stay and watch the camp.

Additional Information: For any questions or additional information you may call:

HS office: 857-4604

Cell: 806-433-7570

HS Gym: 857-9587

Please return the below portion (front and back) with your registration fee. (Make checks payable to: Kari Sowders)

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Student Name: _____ Incoming Grade _____

Parents Names: _____

Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact # and name if not parent: _____

Circle T-Shirt Size: Youth 14-16

Adult: S

M

L

XL

Below please include any medical conditions that may cause the player difficulties

Waiver

I, as a parent or guardian of _____, hereby give permission for my child to fully participate in the Lorena Volleyball Camp and warrant that my child is physically able to fully participate in all games. I hereby release any claim(s) for damages that my child or I, on by child's behalf, have against the Lorena Volleyball Camp and any of their agents and/ or representatives resulting from any negligence on behalf of the Lorena Volleyball Camp. I hereby fully authorize the Lorena Volleyball Camp Coordinator, or designee, to freely select the hospital facility and or physician, which will treat my child in the result of any injury sustained while playing at the Lorena Volleyball Camp. Further, I hereby full authorize the hospital and/or physician selected by the Lorena Volleyball Camp Coordinator or designee to medically treat my child in my absence.

Parent/Guardian Signature_____Date_____