



# 2019 LCM LADY BEAR VOLLEYBALL CAMP



**Wednesday – Saturday, July 24th– July 27th**

*incoming 3<sup>rd</sup> – 4<sup>th</sup> graders 8:30 – 9:45 \$55*

*incoming 5<sup>th</sup> – 7<sup>th</sup> graders 9:45 -11:15 \$65*

*incoming 8<sup>th</sup> – 9<sup>th</sup> graders 11:15 – 1:15 \$75*

**Located at LCM High School (The Grove)**

Camp Director: Rhonda Williams

Camp Features: T-shirt, Fundamentals, Strategies/Competition

**Day of registrations ARE permissible HOWEVER registrations received after July 15<sup>th</sup> will NOT receive a t-shirt.**

-----Please, cut and return bottom portion with payment-----

Lady Bear Camp Application and Consent Form

Please return form AND check or cash to:

**(checks payable to)** Rhonda Williams (contact: 409-489-8315 or rcwilliams72@hotmail.com)

Send To: 3910 N. Dowlen RD #7953

Beaumont, TX 77726

Name \_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best cell contact: person \_\_\_\_\_ number \_\_\_\_\_

Best email address \_\_\_\_\_ t-shirt size (YS-A2XL) \_\_\_\_\_

I certify that \_\_\_\_\_ has my permission to participate in the Lady Bear

Volleyball Camp. I authorize the camp director to act for me according to her best judgment requiring medical attention. I

hereby waive and release the Lady Bear Volleyball Camp Staff, LCMCISD and the used facility from liability for injury. I know of

no mental or physical problems that affect my child's ability to safely participate in this camp. I certify that the mentioned child

has medical insurance in case of emergency.

Please, list any know medical conditions. \_\_\_\_\_

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_