



Lakeland Volleyball Camp July 20th-22nd

Join the University of Idaho coach, Debbie Buchanan and the Lakeland coaching staff

Camper will adhere to state, local and/or federal guidelines related to COVID-19

WHO: 4th-12th graders

LOCATION: Lakeland High School

DATE: July 20th, 21st and 22nd

TIME: 9am-Noon, 12-1pm lunch (provided), 1-3:30pm (20th & 21st)
9am-Noon (July 22nd)

COST: Early Registration before 7/10- \$135 after 7/10- \$150

Email Kbadger@lakeland272.org for early registration

Name: _____ Age: _____

Grade: _____

School: _____

Shirt Size: Youth - Small Medium Large Adult - Small Medium Large

Best Contact Phone Number: _____

Email address: _____

Make checks payable to: **Lakeland Volleyball**

Please bring registration form, payment, & medical release form at check-in on July 20th at 8:30 am.

QUESTIONS?

Contact Kelsie @ (509) 280-4328 or email kbadger@lakeland272.org

A waiver form must be signed by a parent or guardian prior to participation

Lakeland Hawks Volleyball Camp Liability Form

Camper's Name: _____

To enroll and participate in the 2020 Lakeland Volleyball Clinics/Camp you must have been approved for athletic participation by a doctor within the last year, be covered by current medical insurance, and have a completed and signed medical release. If you have special medical needs, please bring a signed note with an explanation (when to take medication, etc.). Notes will be given to our clinic directors the first day of clinic.

MEDICAL RELEASE

Medical Insurance Company _____

Subscriber's Name _____

Policy/Group/ID Numbers _____

Doctor's Name _____

Phone Number _____

Allergies, medications, conditions, limitations _____

I hereby authorize my child's participation in the 2018 Lakeland Hawks Volleyball Clinic. I know of no physical, mental, emotional, or behavioral problems which may affect my child's ability to safely participate. The clinic staff is authorized to attend to any health problem or injury my daughter may incur while attending camp. I understand that my child must have current and active medical insurance before attending camp and hereby confirm that she/he does. Neither I nor my child will hold Lakeland High School, the Lakeland Volleyball, or any clinic employee liable for any injuries/illnesses or expenses relating to injuries/illnesses sustained while my daughter is at camp.

_____-_____-_____
Date Signature of Parent or Guardian

BEHAVIOR RELEASE

Each participant is expected to:

- Attend all camp activities.
- Be responsible for her own belongings.
- Show respect for equipment, residence hall property, coaching staff, and fellow campers.
- Follow all Lakeland and clinic regulations which preclude the possession of drugs, alcohol, and tobacco products.

I hereby acknowledge that I (my child) will observe all clinic rules and expectations as listed above and recognize that in the case of noncompliance I (my child) is responsible for any damage caused to clinic equipment or facilities.

_____-_____-_____
Date Signature of Parent or Guardian