

**Authorization For Release:**

I give permission for my child to be released to the following persons for transportation home from a Lake Worth Christian Summer Sports 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, losses 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 School and all person(s) associated 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/Legal Guardian Signature Date

(cut and return this with payment)



**Lake Worth Christian  
Summer Sports Camps  
2009**

**Basketball  
Soccer  
Volleyball**

**HOME OF THE 2009  
GIRLS 1A BASKETBALL  
STATE CHAMPIONS**

**Contact Jim Harwood- Athletic Director  
Phone: 561.586.8216 x 26  
jharwood@lwcs.org**

# CAMP INFORMATION

## Week 1 – Basketball

Grades 6 -12

June 8-11 - 9am - 2pm

\$140

## Week 2 – Volleyball

Grades 6 -12

June 22-25 - 9am-2pm

\$140

## Week 3 – Soccer

Grades 3 -12

July 13-17 - 9am - 4pm

Coached by Professional Trainer

Tony Stevens

supremesoccer.com

\$175

## Week 4 – Basketball

Grades 6 -12

July 20-23 - 9am - 2pm

\$140



## Week 5 – Volleyball

Grades 6 -12

July 27-30 - 9am - 2pm

\$140



## Week 6 – Volleyball

Grades 6 -12

August 3-6 - 9am - 2pm

\$140

All campers will get individual instruction and participate in drills, contests, and games.

They will be separated based on age, ability, and numbers.

Campers should bring their lunch each day. Each camper will receive a camp t-shirt.

Grade level is for 2009-10

## Registration Form

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

Shirt Size: YM YL S M L XL

Camp Choice (week #) \_\_\_\_\_

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

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

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

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

### Emergency Information

Mother's Name Phone (Home/Work/Cell) \_\_\_\_\_

Father's Name Phone (Home/Work/Cell) \_\_\_\_\_

Contact In Case of Emergency During Camp Hours (If Parents Are Unavailable):

Name Relationship Phone (Home/Work/Cell) \_\_\_\_\_

Name Relationship Phone (Home/Work/Cell) \_\_\_\_\_

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

Medical Condition: \_\_\_\_\_

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

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

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

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

Please return this portion (along with the other side) of the completed registration with payment to the main office. Checks made payable to LWCS.

