

Lake County Juniors & LSCC Volleyball Camps

(May 4, 2010)

LOCATION: Lake-Sumter Community College,
Leesburg Campus
COST: \$75.00 (early registration)
CAMP DIRECTOR: Rachel Bruce – the new LSCC Head Coach

High School Camp (players going into 9th-12th grade fall 2010)

DATES: Monday, June 21, 2010 – Thursday, June 24, 2010

TIME: 6:00pm – 9:00pm

5th – 8th Grade Camp (players going into 5th-8th grade fall 2010)

DATES: Tuesday, July 6, 2010 – Friday, July 9, 2010

TIME: 6:00pm – 9:00pm

Come join the fun! LCJ/LSCC camps will focus on developing teamwork and communication. Teams & individuals are welcome. You will enjoy skills, drills and LOTS of playing time. You will play in many matches against other teams at the camp. Our goal is to allow you to have fun and build friendships as you gain court experience.

-\$75.00 early registration

- High School Camp-post marked on or before June 1st
- 5th-8th Grade Camp-post marked on or before June 15th
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-\$90.00 if post marked after the above dates or on the 1st day of camp

**Please return the below registration form,
along with your check made out to:**

Lake County Juniors

13016 Short Leaf Ct
Clermont, FL 34711

Phone: 352 536-0006

Email: krissylucas1@yahoo.com

Please check only 1 box:

I will attend the High School Camp June 21-24, 2010 (Monday-Thursday)

I will attend the 5th-8th Grade Camp July 6-9, 2010 (Tuesday-Friday)

PLAYER NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PLAYER EMAIL: _____

SCHOOL: _____ GRADE: _____

SHIRT SIZE: YTH L/XS S M L XL

I WOULD LIKE TO BE ON A TEAM WITH:

Wavier of Liability and Medical Release Form

_____ (player's name) has permission to participate in the Lake County Juniors/Lake-Sumter Community College Volleyball Camp. I, the undersigned, parent/guardian, agree to hold the following organizations (Lake County Juniors, Lake County Volleyball, Inc., LCJ, Lake-Sumter Community College, and Lake County Public Schools) and their directors and staff harmless in the event of an accident or injury to my child. I understand that participating in sporting programs could be dangerous and I also accept full financial responsibility for my child's actions during the aforementioned camp. I also represent that my child is physically fit and able to participate in the camp. If the need arises I will be totally responsible for all financial charges or I have medical insurance that will cover any and all medical expenses.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

CONTACT NUMBER: _____ DATE: _____