



# **SLAMMIN' VOLLEYBALL CAMP**

**June 15-17 Tue-Thur**

**3<sup>rd</sup>-4<sup>th</sup> Grades 9:00 a.m.-10:30 a.m.**  
**5<sup>th</sup>-6<sup>th</sup> Grades 10:00 a.m.-12:00 p.m.**  
**7<sup>th</sup>-12<sup>th</sup> Grades 7:00 p.m.-9:00 p.m.**

**Sublette High School      \$25.00 includes**

**\*instruction\*camp shirt\*fun & games\***

**Return to Lucas & Sons or City Pool by June 8**

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**NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_ **SHIRT SIZE-YOUTH** M L  
ADULT S M L XL

**PHONE NUMBER** \_\_\_\_\_

**MAKE CHECKS TO BRENDA LUCAS 675-5050**

I/we hereby authorize the staff of Slammin' Volleyball Camp(Brenda Lucas) to act for the applicant according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. In consideration of Sublette Middle School, permitting me to associate myself with the clinic/camp, I/we acknowledge that I/we have had the opportunity to determine the nature of the activity and the manner in which it will be conducted, or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release Slammin' Volleyball Camp, the owner of the facility, their employees and agents, from all liability of any kind or nature, whether caused in any way by the negligence of the release parties or not, arising from the applicant's participation in the clinic/camp or presence on the clinic/camp premises. I understand that it is my responsibility to have an insurance policy in effect while participating in this program.

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_