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**LAKE WORTH  
CHRISTIAN**

Palm Beach Jrs Camp at Lake Worth Christian School  
**2022 SUMMER VOLLEYBALL CAMP**

7592 High Ridge Road, Boynton Beach, FL 33426

**Week I:** July 25 - 28

**Week II:** August 1 - 4

9:00AM - 2:00PM

Location: **Lake Worth Christian School**

7592 High Ridge Road

Boynton Beach, FL 33426

Cost: **\$175** per week or both for **\$300**

**All campers should bring their own lunch & refillable water bottle each day.**

All age campers are encouraged to attend.

We will divide campers in groups according to their skill level.

Sessions will include individual and team instruction  
on skills, positioning, and team play.

We will have various competitions with awards.

All campers will receive a camp t-shirt.

Please circle which week or weeks you would like to attend:

**Week I**

**Week II**

**Both**

T-shirt size: YM XS S M L XL

Please fill out the registration form and mail it in with check payable to Palm Beach Jrs.

Mail to: **Terri Kaiser, 7142 High Ridge Road, Boynton Beach, FL 33426**

If you have any questions, please contact Terri Kaiser at 561.586.1437

[Kaisert@bellsouth.net](mailto:Kaisert@bellsouth.net)

# Registration Form

Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending in Fall: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact # (mother): \_\_\_\_\_ Contact # (father): \_\_\_\_\_

Contact Email: \_\_\_\_\_

Emergency #/Name (in case parents can not to reached): \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Authorization for Release:

I give permission for my child \_\_\_\_\_ to be released to the following person(s) for transportation home from a Lake Worth Christian Volleyball 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, loss 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 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/Guardian Signature