



Skills Camp- Ages 10-17
June 26-29~5:00-7:30 p.m.
Lumberton Practice Facility
\$100

Name: _____ Age: _____ Grade 2017: _____

T-shirt size: YS YM YL AS AM AL AXL

Address: _____ City: _____ Zip: _____

School: _____

Parent Name: _____

Email: _____ Parent phone #: _____

Warning, Liability, Release, Acknowledgment and Assumption of Risks:

I understand that participation in this camp involves the risk of injury. I further understand that HCJ nor Lumberton will claim any liability in the event that my daughter has an injury during HCJ skills camp. I agree to wave any legal rights I may have to seek payment of any kind from the HCJ program or from Lumberton ISD.

Signature: _____ Date: _____

Please mail form and payment to: (checks made payable to **HCJ Volleyball**)

HCJ Volleyball
17101 Westbury Road
Beaumont, Texas 77713