

The background of the poster is a dark green color. It features several stylized volleyball icons in shades of green and white. In the center, there is a faint, larger image of a volleyball player in a green uniform, holding a volleyball. The text is overlaid on this background.

RAIDERS VOLLEYBALL CAMP

Friday, August 9th, 2019

8:00 a.m. – 3:00 p.m.

Laurens High School

\$40.00

Join the Laurens Volleyball coaching staff and players for a day of fun and games. Fundamentals, skill development, and team strategies will be emphasized. Skills groups will be formed to accommodate both the beginner and more advanced player. Students should wear athletic clothing, and bring a water bottle. Lunch will be provided by Student Nutrition Services. All proceeds will go to supporting the Laurens volleyball program.

www.laurens55athletics.com



Where: LDHS High School Gym

Ages: 3rd- 8th grade

Date: Friday, August 9th, 2019

Time: 8:00 am to 3:00 pm

Cost: \$40.00 cash only

Drop off or mail in the form to Erin Lake at the Laurens District 55 Office at 301 Hillcrest Drive, Laurens, SC 29360

Registration Form

Participants Name: _____

Date of Birth: __/__/__

Age: ____

Legal Guardians Name: _____

Mailing Address:

City: _____

Zip: _____

Cell: _____

E-mail: _____@_____

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING

In signing up and participating in Laurens District 55 School District programs, you are expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you might sustain because of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of all injuries, damages or loss, regardless of severity, that I/my child may sustain because of participation. I further agree to waive and relinquish all claims I & or my child may have because of participation in these programs against Laurens 55 School District and Laurens District High School, its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. I understand I am responsible for all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by Laurens 55 School District to promote the County's events facilities, without compensation and without additional approval

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER

PARENT'S OR

LEGAL GUARDIAN'S SIGNATURE: _____

DATE: __/__/__

