

Lakewood Ranch Volleyball Camp

Contact Info:

LRHS Head Coach Perri Hankins

941-727-6100 x2172

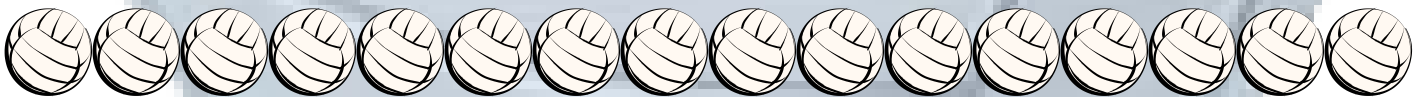
hankinsp@manateeschools.net

<http://www.edline.net/pages/sdmclakewoodranchhs>






June 3-6 and July 22-25 (9am to 2pm)

Students entering 2nd through 9th grades

Coach Perri has 15 yrs. College Division 1 Experience



Daily Activities

- | | |
|--|--|
|  Individual Instruction |  Drill Competitions |
|  Volleyball Fundamentals |  Volleyball Games |
|  Position Related Techniques |  College Eligibility (Freshmen) |
|  Agilities |  Strength Training (Freshmen) |

Lunch and Snack Options at Camp Store

(Burgers, Dogs, Subs, Pizza, Snacks and Drinks)

(Food not included in camp fee.)

Camper's Name _____

Address _____

Contact Cell Number _____ Email Address _____

Birth Date _____ Height _____ Last Club Team _____

2018-19 School Attended _____ 2019-20 School Attending _____

Camper's Grade Fall/2019 _____ T-shirt Size: Adult Size _____ or Youth Size _____

Attending: Camp 1 ___ June 3-6 (\$150) Camp 2 ___ July 22-25 (\$150) ___ Camps 1&2 (\$250)

Make Checks payable to: Lakewood Ranch High School

Mail to: Coach Perri Hankins

**Lakewood Ranch High School
5500 Lakewood Ranch Blvd.
Bradenton, Fl. 34211**

My daughter/son has my permission to attend Lakewood Ranch High School Volleyball Camp. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the LRHS Volleyball Camp. In the event of the need for medical treatment, I give the camp staff permission to act for me to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery. I acknowledge that at the volleyball camp my child will participate in a sport that will involve, among other things, physical contact of the body with other persons or objects, including the ground that at the volleyball camp could result in physical injury. I specifically waive and release and hold harmless the LRHS Volleyball Camp Staff members, the School Board of Manatee County and its employees from liability for any claim for damages which I or my child may have injuries or illness that they may sustain at the Volleyball Camp. I authorize the LRHS Volleyball Camp to use my child's name, and or photographs of my child for articles for publicity purposes.

Parent's Name (Print) _____ Contact Cell Number _____

Parent's Name (Print) _____ Contact Cell Number _____

Parent's Signature _____

Date _____