



# Langham Creek H.S. 9<sup>th</sup> Grade Volleyball Camp



Who Can Participate: All incoming 9<sup>th</sup> grade student

When: July 11-13 9am-12pm

Where: Langham Creek High School Gym



Cost: \$70.00 per athlete ---All payments to be made online using SchoolCash. Use the QR code to pay via schoolcash.

Registration forms can be turned in to Langham Creek Head Coach Gena Glenn [gena.glenn@cfisd.net](mailto:gena.glenn@cfisd.net) by May 18<sup>th</sup>.

## Camp will include:

All skills training  
Competitive Games

Camp Awards  
Camp T-shirt (if registered by 5/18)

## **What to bring:**

- Labeled Water bottle
- Small snack
- Athletic Participation Consent Form (located on the bottom of the registration form)
- Cleared physical form for the 2022 school year

**\*\*All campers MUST have a cleared CFISD athletic physical form and a completed Athletic Participation Consent Form to participate in this camp.\*\***

**\*\*You have the option to complete a physical at our campus (LCHS) on May 18<sup>th</sup> from 2-6pm. Cost \$20.00 cash, money order or school cash.**

Contact Head Coach Gena Glenn with any further questions.

[gena.glenn@cfisd.net](mailto:gena.glenn@cfisd.net)

# Langham Creek Volleyball Camp 2022

## Registration Form

### Athlete Information:

Please fill out the information below. Submit this form to [gena.glenn@cfisd.net](mailto:gena.glenn@cfisd.net) no later than May 18<sup>th</sup>.

*(Camp shirts are only guaranteed for participants that register by May 18th.)*

To pay for camp please use the link:

<https://cypress-fairbanksisd.schoolcashonline.com/Fee/Details/85835/135/False/True>

Circle the T-shirt size: SMALL      MEDIUM      LARGE      X-LARGE

Name: \_\_\_\_\_

Grade enter in Fall 2022: \_\_\_\_\_

Zoned Middle School: \_\_\_\_\_

Zoned High School: \_\_\_\_\_

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### ATHLETIC PARTICIPATION CONSENT FORM CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT PARENT OR GUARDIAN

STUDENT'S NAME: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurances coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

DATE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_