



Langham Creek H.S.

Volleyball Camp



Who Can Participate: Campers will be divided into two divisions based on the grade they will enter in the Fall 2021 and or skill level.

- 7th grade court
- 8th grade court

When: July 19th-21st 9am-12pm

Where: Langham Creek High School Gym

Cost: \$70.00 per athlete ---All payments to be made online using SchoolCash. Follow the link to pay for the camp. <https://tinyurl.com/kh8y295v>

Registration forms can be turned in to your Junior High Coach by May 17th or emailed to gena.glenn@cfisd.net

Camp will include:

- All skills training
- Competitive Games
- Camp Awards
- Camp T-shirt for early registration

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 2021 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 19th 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

Langham Creek Volleyball Camp 2021

Registration Form

Athlete Information:

Please fill out the information below. Submit this form to your Junior High Coach no later than May 17th and I will collect from them OR email the form to gena.glenn@cfisd.net (Camp shirts are only guaranteed for participants that register by May 20th.)

To pay for camp please use the QR code or link:

Circle the T-shirt size:

Adult Sizes:	Small	Medium	Large	X-large
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Name: _____

Grade enter in Fall 2021: _____

Zoned Middle School: _____

Zoned High School: _____

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: _____