



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



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

When: July 19<sup>th</sup>-21<sup>st</sup> 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. [www.tinyurl.com/7n95mmnd](http://www.tinyurl.com/7n95mmnd)

Registration forms can be turned in to your Junior High Coach by May 17<sup>th</sup> or emailed to [gena.glenn@cfisd.net](mailto: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 19<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 2021

## Registration Form

### Athlete Information:

Please fill out the information below. Submit this form to your Junior High Coach no later than May 17<sup>th</sup> 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: \_\_\_\_\_

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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:** \_\_\_\_\_