

LUBBOCK CHRISTIAN UNIVERSITY
WINTER SOFTBALL CAMP
2012 REGISTRATION FORM

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

SCHOOL _____

GRADE YEAR _____ POSITION _____

PARENT'S NAME _____

PARENT'S PHONE NUMBER _____

PARENT'S EMAIL ADDRESS _____

PLEASE CIRCLE ONE:

ADULT T-SHIRT SIZE S M L XL XXL

YOUTH T-SHIRT SIZE S M L

PLEASE CHECK THE APPROPRIATE SESSION TO BE ATTENDED:

_____	JANUARY 7 TH , 11:00 - 4:00	\$80
_____	JANUARY 8 TH , 11:00 - 4:00	\$80
_____	JANUARY 14 TH , 11:00 - 4:00	\$80
_____	JANUARY 15 TH , 11:00 - 4:00	\$80
_____	JANUARY 7 & 8	\$150
_____	JANUARY 14 & 15	\$150

Liability Release Statement:

As parent or guardian, I hereby grant permission for _____ to participate in the LCU Chap Softball Camp designated above. I acknowledge the fact that she is physically able to participate in camp activities. I hereby release the camp and its employees from all claims from injuries or illness which may be sustained by _____ and authorize treatment on _____ on an emergency basis in the event such treatment becomes necessary while attending camp. I also grant permission to Lubbock Christian University to photograph _____ for future advertisement of this camp.

BE SURE TO INCLUDE A COPY OF THE CAMPER'S INSURANCE CARD AND ATTACH TO THIS FORM.

Signature of Parent/Guardian

Date _____

Please make checks payable to: LCU Softball Camp

Please remit to: LCU Softball Camp
5601 19th Street
Lubbock TX 79407