

2021 LBWCC TEAM CAMP
@ LBWCC, ANDALUSIA
\$100 PER TEAM PER DAY

PLEASE CHECK DESIRED DATE BELOW:

_____ WEDNESDAY, JULY 28TH: JH 8-11, JV 12-3, V 4-7
_____ THURSDAY, JULY 29TH: JH 8-11, JV 12-3, V 4-7

Coaches:

LBWCC HEAD VOLLEYBALL COACH JANIE WIGGINS

School Name: _____ Address: _____
Head Coach: _____ Coach Phone: _____
Coach Email: _____

****Please make checks payable to: LBWCC***
Mail check and form to: LBWCC, Attn. Janie Wiggins, P.O. Box 1418 Andalusia, AL 36240

****Coaches, Please complete form and mail entry fee by **May 17th** to secure your spot in camp. Format will be a round robin team competition only. LBWCC Volleyball players will officiate to encourage the highest level of competition.***

If you have questions please contact me @ jwiggins@lbwcc.edu or 334-360-5233.

**Please copy the parental release below and have parents sign. Bring forms on the day of competition.*

Parental Release:

I hereby release LBWCC, Camp Staff, and all its employees from all claims because of injuries, which may be sustained while my child attends the LBWCC Competition Camp. I agree to indemnify LBWCC from any claims in which may hereafter be presented by minor children as a result of and such injuries. I give permission to LBWCC and Medical Personnel to administer first-aid and adequate medical care in the event of any injury or illness.

Parent or Guardian Signature Date

Daytime Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Co.: _____ Policy #: _____

Child's Allergies: _____

Significant Past Injuries: _____

Current Medications: _____