

# Lake Worth Christian Defenders Summer Sports Camps



**Week 1 – Basketball: Grades 3-8 Boys & Girls: June 6-9**

**Week 2 – Basketball: Grades 3-10 Boys & Girls: June 20-23**

**Week 3 – Soccer: Grades 3-12 Boys & Girls: July 11-14**

**Week 4 – Volleyball: Grades 6-12 Boys & Girls: July 25-28**

**Week 5 – Volleyball: Grades 6-12 Boys & Girls: August 1-4**

Each camp day runs from 9:00 a.m. - 2:00 p.m. at a cost \$140 per week.

*\*\*\*Any participant going to more than one week of camp can do so at a cost of \$120/week.*

**Camps are conducted by LWC Varsity Coaches and their staff,  
along with other experienced players and coaches.**

**Campers will get individual instruction and  
participate in drills, contests, and games.**

**They will be separated based on age, ability, and numbers.**

**The camps are open to students from any school, not just LWC.**

**Each camper will receive a camp T-shirt.**

**Campers should plan on bringing their own lunch each day.**

Please fill out the attached form and turn it in with check payable to Lake Worth Christian.  
If you have any questions, please contact Jim Harwood, Athletic Director, at [Jharwood@lwcs.org](mailto:Jharwood@lwcs.org).

# Lake Worth Christian Summer Sports Camp Registration Form

**Week(s) of Camp Attending (circle)** - #1 Basketball - #2 Basketball - #3 Soccer - #4 Volleyball - #5 Volleyball

**Total Paid with this form - \$** \_\_\_\_\_ (\$140 first week + \$120 each additional week)

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Last Name	First Name	Middle	Nickname	Shirt Size
Address	City	State	Zip	
Sex	Age	Grade	Date of Birth	School Child Attends

## Parent/Guardian

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Parent/Guardian Name(s)	Phone (Home/Work/Cell)
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Contact In Case of Emergency During Camp Hours (If Parents Are Unavailable):

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Name(s)	Relationship	Phone (Home/Work/Cell)
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Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Authorization For Release:** I gave permission for my child to be released to the following persons for transportation home from a program sponsored by the Lake Worth Christian School Sports Program.

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Name	Relationship	Name	Relationship
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**Please list any known medical conditions such as allergies (including food and insects), diabetes, medication prescribed and emergency treatment, if necessary.**

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**Indemnification Statement:** The participant, parent or legal guardian of a participant, agrees to indemnify, defend and save harmless Lake Worth Christian School and any person(s) associated with the camp from any and all injuries, property damage and other claims, liabilities, losses and causes of action which may arise from his/her child's participation in this program or from emergency medical care, and further agrees to not hold Lake Worth Christian School and all person(s) associated with the summer program for any injuries that may occur as a result of participation in said program, while on property or during activities taking place off the premises.

**Authorization is hereby given for emergency medical care of said participant should the need arise.**  
I hereby grant Lake Worth Christian School permission to use photographs of me (and/or my child) in printed materials, informational displays or slide presentations.

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Parent/Legal Guardian Signature	Date
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