

# WICHITA STATE

## CHRIS LAMB VOLLEYBALL CAMP, LLC

Team Camp July 8-11, 2019

- **High School and Jr. High School Team Camp!**
  - **Competitive daily tournaments**
  - **Teams choose practice time slot**
- **Wichita State Head Coach Chris Lamb and staff run each practice**
  - **Individual coach is provided for each team**
  - **Teams play against "like competition"**
    - **\$1,000 per team**
  - **\$800 per team if you provide your own coach**
- **Hotel information list is online at [GoShockers.com](http://GoShockers.com) under Volleyball Camps**

### **DEADLINE JUNE 20TH**

Send payments and forms together to:

Chris Lamb Volleyball Camps, LLC

1845 Fairmount

Wichita, KS 67260-0018

Please make checks out to Chris Lamb Volleyball Camp LLC. For more information and to schedule practice times, call 316-978-5549 or email [slamb@goshockers.com](mailto:slamb@goshockers.com)

## MEDICAL RELEASE APPROVAL

Name of Camper \_\_\_\_\_ M/F (circle one) Age \_\_\_\_\_

Name of Team \_\_\_\_\_ Grade \_\_\_\_\_

Past Health \_\_\_\_\_ Past Injuries \_\_\_\_\_

Present Medications? \_\_\_\_\_ Drug Sensitivities? \_\_\_\_\_

Other Allergies? \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Policy Holder \_\_\_\_\_

I verify that my child/ward has been checked by a licensed physician and is physically able to participate in the Chris Lamb Volleyball Camp, LLC. I understand that participation in the camp will involve instruction in the sport of volleyball and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of my child/ward being able to participate in the Chris Lamb Volleyball Camp, LLC, I hereby agree and promise that I will not hold Chris Lamb's Volleyball Camp LLC nor its employees responsible for any loss, damages, or personal injury received as a result of my child/ward's participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of the Chris Lamb Volleyball Camp LLC to act for my child/ward according to their best judgement in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child/ward to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is operated by Chris Lamb and is not operated by, connected with or an official function of Wichita State University or Wichita State Intercollegiate Athletic Association, Inc. I grant permission to WSU-ICAA to use any photographs, motion pictures, recordings or any other record of this event for publicity or other legitimate purpose. Chris Lamb Volleyball Camp LLC are open to any and all, limited only by number, age, grade level and/ or gender.

Parent of Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_ Work phone for other parent or 2nd adult ( ) \_\_\_\_\_

