

LITTLE RED HAWKS VOLLEYBALL PROGRAM

March 26, April 9, 16, 23, 30



**Learn the importance of teamwork, leadership skills, and education
Develop basic skills in a fun environment
No previous experience necessary
Space is limited. Register now!**

ELIGIBILITY:

Grades 3 - 6

CAMP SCHEDULE:

Tuesday, March 26

Tuesday, April 9, 16, 23, 30

5 - 7 p.m.

LOCATION:

Lake Michigan College
Benton Harbor Campus Gymnasium
2755 E Napier Ave
Benton Harbor, MI 49022

COST:

\$60.00

CAMP INFO AT:

lakemichigancollege.edu/volleyballcamp

CONTACT:

Rob Elliott-Schafnitz (269) 927-1000 ext. 5282

relliott-schafnitz@lakemichigancollege.edu

CAMP DIRECTORS



Robert Elliott-Schafnitz



Mindy McVey



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COLLEGE

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LAKE MICHIGAN C O L L E G E

2019 Little Red Hawks Volleyball Program

I am registering my child for the Little Red Hawks Volleyball Program.
Cost: \$60 from 5-7 pm on the following Tuesday's: March 26, April 9, 16, 23, 30

Camper's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Fax: _____

Birthdate: _____ Age: _____ Grade in Fall, 2019: _____ School: _____

T-Shirt Size: Youth: S M L Adult: S M L XL XXL

HOW TO REGISTER

Complete this registration form for each camper and send to Lake Michigan College.

- Mail to Athletics Department, Lake Michigan College, 2755 E. Napier Ave., Benton Harbor, MI 49022
- Scan and email to relliott-schafnitz@lakemicigancollege.edu or
- Fax to (269) 927-8176

HOW TO PAY

- Check, payable to Lake Michigan College Athletics; Mail to Athletics Department, Lake Michigan College, 2755 E. Napier Ave., Benton Harbor, MI 49022 (send with registration form(s) if you are paying by check)

MEDICAL AUTHORIZATION

List any special health conditions (e.g. medications, explanations, etc.)

Allergies: _____

Emergency Contact: _____ Daytime Phone: _____ Cell: _____

Child's Physician: _____ Phone: _____

Name of Insurance Company: _____ Policy No. _____ Contact Phone: _____

I, the undersigned, authorize the officials of Lake Michigan College to contact the person named on this form directly, and do authorize the named physician to render such treatment as may be considered necessary for the health of my child. In the event the physician, or person named as emergency contact on this form, or parents cannot be contacted, the program officials are authorized to consent to medical treatment and to take whatever action is necessary, in their judgment, for the wellbeing of my child. I will not hold Lake Michigan College financially responsible for the emergency care and/or transport of my child.

Parental Permission: _____ I authorize Lake Michigan College to use our child's picture for publicity for program.

BEHAVIOR EXPECTATIONS AND DISCLAIMER OF LIABILITY

It is the expectation of the Lake Michigan College Little Red Hawk Volleyball Program that all participants will maintain high standards of courtesy and character. If a child's behavior interferes with camp activities, the participant's parents will be warned. If the inappropriate behavior continues, the child may be removed from the camp.

The participant and parents assume full responsibility for any damages arising from personal injury sustained during camp activities or on the way to/from the facilities. Having read the waiver and knowing these facts, I hereby waive and release Lake Michigan College, its representatives, and volleyball camp staff from all claims or liabilities of any kind that may arise from participation during the Lake Michigan College Little Red Hawk Volleyball Program.

Parent/Guardian Signature: _____ Date: _____