



2023 LEHMAN LOBO SUMMER CAMPS



*****All grades are based on the 2023-2024 School Year*****

PLEASE CHECK ALL BOXES THAT YOUR ATHLETE WILL BE ATTENDING THIS SUMMER. Tally and place the total in the box below.

[ENTER at BLACK GATE by CTE BLDG]

<input type="checkbox"/>	Quarterback Camp:	7 th -9 th Grades / MAY 30-JUNE 1 / 9:00 am to 11:00 am	\$40.00
<input type="checkbox"/>	Boys' Soccer:	3 rd -6 th Grades / JUNE 5-7 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Boys' Soccer:	7 th -9 th Grades / JUNE 5-7 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Girls' Soccer:	3 rd -6 th Grades / JUNE 5-7 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Girls' Soccer:	7 th -9 th Grades / JUNE 5-7 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Baseball:	3 rd -6 th Grades / JUNE 5-7 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Baseball:	7 th -9 th Grades / JUNE 5-7 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Girls' Basketball:	3 rd -6 th Grades / JUNE 12-14 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Girls' Basketball:	7 th -9 th Grades / JUNE 12-14 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Boys' Basketball:	3 rd -6 th Grades / JUNE 19-21 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Boys' Basketball:	7 th -9 th Grades / JUNE 19-21 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Softball:	3 rd -6 th Grades / JUNE 19-21 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Softball:	7 th -9 th Grades / JUNE 19-21 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Volleyball:	3 rd -6 th Grades / JULY 19-21 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Volleyball:	7 th -9 th Grades / JULY 19-21 / 10:30 am to 12:30 pm	\$40.00
<input type="checkbox"/>	Football:	3 rd -6 th Grades / JULY 19-21 / 8:00 am to 10:00 am	\$40.00
<input type="checkbox"/>	Football:	7 th -9 th Grades / JULY 19-21 / 10:30 am to 12:30 pm	\$40.00

Lehman High School (ATTN: Michelle Richardson | michelle.richardson@hayscisd.net)
1700 Lehman Rd, Kyle, TX 78640

PAY ONLINE @ <https://hayscisd.revtrak.net/> OR PAY w/ CHECK or CASH

TOTAL DUE:
\$ _____

Contact Information [Please PRINT CLEARLY]: **Camper's Name:** _____

Current School: _____ Grade Next Year: _____ Student ID#: _____ T-Shirt Size: S M L XL 2XL 3XL
(kids)

Address, City, ST: _____ Phone #: _____

Parent's Name(s): _____ Parent's EMAIL: _____

Emergency Contact Name: _____ Phone #: _____

Hays C.I.S.D. LIABILITY RELEASE FORM

Participant releases the Hays C.I.S.D., its officials, employees, and volunteers from all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Hays C.I.S.D. facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the individual Participant and any parent or guardian signing this document on behalf of the Participant. Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Hays C.I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participant agrees to indemnify and hold harmless Hays C.I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims. The release and indemnity obligations of Participant shall apply without regard to whether the bodily injury, property damage, or other legal injury complained of were caused, in whole or in part, by the Hays C.I.S.D., its officers, employees, or volunteers.

This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays C.I.S.D. or its officials, employees or volunteers under Texas or federal law. By signing below, I certify that I have read, understand, and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal rights and that I may consult an attorney prior to signing.

Parent/Guardian Signature

Printed Name

OFFICE USE ONLY:

TOTAL PAID: \$ _____

CK ___ / CC ___ / CASH ___ W ___