



Please return completed form after you have registered by  
Email: [jrubio\\_05@yahoo.com](mailto:jrubio_05@yahoo.com) or mail to:  
JuanRaymon Rubio  
4901 41st Street, Lubbock, Texas 79414  
Phone: JuanRaymon Rubio (708) 743-8148

Questions: Contact JuanRaymon Rubio at [jrubio\\_05@yahoo.com](mailto:jrubio_05@yahoo.com)

## LCU National Hispanic English Youth Conference Registration

**Thank you for registering for LCU Summer Camps! Your registration process is not complete until you have mailed in this completed form. This information will be used to identify participants and is confidential.**

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

T-Shirt Size (*circle one*): **XS**      **S**      **M**      **L**      **XL**      **XXL**

Parent or guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please attach  
a recent  
Wallet-sized **photo**  
here.

Please attach a copy of your  
**Insurance card** here.  
  
If you do not have insurance please  
put an X over this box.

### PARENT/GUARDIAN SIGNATURE REQUIRED FOR ENROLLMENT

I approve this application and the conditions listed here and on the registration form, and I hereby certify that my child is willing and able to adhere to the camper guidelines. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child. I grant permission for my child to participate in every activity offered at camp. I understand that as a participant, my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials or other publications including the camp website.

### MEDICAL RELEASE

The health history stated online or on the enrollment form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

