



2025 Lancaster Gales Volleyball Camp

June 23-25, 2025

Grades 3-5 4pm-6pm

Grades 6-8 7pm-9pm

@ Lancaster High School 1312 Granville Pike Lancaster OH

Player Name: _____ Age: _____ Grade Fall 2025: _____

Address: _____

Phone: _____ School: _____

Emergency Contact Person: _____ Phone: _____

Relationship: _____ Email: _____

Shirt size (circle): YS YM YL AS AM AL AXL

Waiver Statement:

I give permission for my child to participate in the Lancaster Gales Volleyball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp employees or Lancaster City Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.

Parent/Guardian Signature

Date

\$50 _____

*make checks payable to Lancaster High School Volleyball Parents

*cash is also accepted

*Payments sent to 1312 Granville Pike Lancaster OH Attn Heather Ingram

Form is due by June 1st!!!!!!