



# Lexington High School Summer Volleyball Camp

4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> graders

**When:** May 30<sup>th</sup>, 31<sup>st</sup> and June 1<sup>st</sup>

**Time:** 4<sup>th</sup>-6<sup>th</sup> grade from 1:00-2:30  
7<sup>th</sup>-8<sup>th</sup> grade from 2:30-4:30

**Where:** Lexington High School New Gym

**Cost:** \$40 - includes a T-shirt, prizes, awards and coaching

**Instructors:** Current Lexington High School Coaching Staff and athletes  
Registration forms due by **May 19<sup>th</sup>** to guarantee a T-shirt

\*\*registration after this date is \$45.00\*\*

## Return your registration form to:

Lexington High School Athletics  
Attention: Joe Roberts  
103 Clever Lane  
Lexington, OH 44904

Make checks Payable to: **Lexington High School**

Questions contact: Joe Roberts - [Roberts.joe@lexington.k12.oh.us](mailto:Roberts.joe@lexington.k12.oh.us) or call 419-884-2101

Jennifer Moore- [moore.jennifer@lexington.k12.oh.us](mailto:moore.jennifer@lexington.k12.oh.us) or call 419-884-1111 ext. 1232

Pre-register by completing the form below.

We will take registrations at the door but a T-shirt will not be guaranteed.

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Name: \_\_\_\_\_ Grade this fall: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

Allergies or Medical concerns: \_\_\_\_\_

T-shirt size: YS: \_\_\_\_\_ YM: \_\_\_\_\_ AS: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_

(Circle one size)

As a participant in this and/or any other program of the Lexington Athletic Department, I recognize and acknowledge that there are certain risks and I agree to assume all such risks that I may sustain as a result of participating in any and all activities connected with or associated with such programs. In consideration of the Lexington Athletic Department accepting me or my child's activity fee and with intent to be legally bound, I hereby, for myself, my child, all heirs, executors, administrators, and assigns do hereby forever release, waive, and relinquish all claims I have as a result of participating in this program and all other programs of the Lexington Athletic Department and its officers, agents, servants, employees and insurers.

Name of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_