

# Lexington High Summer Volleyball Camp

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



**When:** July 21-23, 2014

**Time:** 8:30 - 11:30 a.m.

**Where:** Lexington High School - NEW & OLD GYMS (Report to the new gym on the 1<sup>st</sup> day)

**Cost:** \$40.00 - includes a T-shirt plus prizes and awards

**Instructors:** Current Lexington High School Coaching Staff along with current and former high school and college players.

## REGISTRATION FORMS DUE BY July 1, 2014.

**\*\*Registration fees after July 1<sup>st</sup> is \$50.00\*\***

**Please return your registration form to:**

Lexington High School Athletics

Attention: Bobbi Weaver

103 Clever Lane

Lexington, Ohio 44904

**Make Checks payable to: LEXINGTON VOLLEYBALL**

Questions contact Bobbi Weaver at [weaver.bobbil@lexington.k12.oh.us](mailto:weaver.bobbil@lexington.k12.oh.us) or call 419-961-7587.

**Please pre-register by completing the form below.**

**\*We will take registrations at the door however your t-shirt will not be guaranteed on Wednesday, we might have to mail it to you in August.**

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**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Allergies or Medical Concerns:** \_\_\_\_\_

**T-Shirt Size:** YS YM YL 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 \_\_\_\_\_