



Gahanna Lincoln High School  
Girls Volleyball Youth Camp

(For Athletes Entering Grades 5-8)  
July 17<sup>th</sup>- 19<sup>th</sup> 9:00-11:00 am @ GLHS

Athlete Name: \_\_\_\_\_

Grade: 5 6 7 8 (Please circle grade child will enter in the Fall)

Kids Size: S M L Adult size S M L XL

Parent Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

In the event that reasonable attempts to contact (guardians name) \_\_\_\_\_  
or \_\_\_\_\_ at (phone #) \_\_\_\_\_ have been unsuccessful I  
hear by give my consent for the administration of treatment deemed necessary by  
(preferred physician) \_\_\_\_\_ at (phone) \_\_\_\_\_  
or dentist \_\_\_\_\_ at (phone) \_\_\_\_\_  
Name of preferred hospital \_\_\_\_\_. I give my permission for my  
child to participate in the Gahanna Lincoln Volleyball Camp. In addition, I agree to  
accept any and all liability in case of accident or injury.

Parent/Guardian Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Cost is \$65 (\$20 Cancellation fee)**

Please send applications and payment to:  
Molly Martin  
Youth Volleyball Camp  
2617 Jefferson Estates Ct.  
Blacklick, OH 43004

Any questions please contact me at [Mspitler22@aol.com](mailto:Mspitler22@aol.com)

Walk- In campers are welcome ☺ (we cannot guarantee T-shirts for walk in campers)