



Gahanna Lincoln High School
Girls Volleyball Youth Camp

(For Athletes Entering Grades 5-8)
July 17th- 19th 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: (**Make checks payable to Gahanna VB**)
Molly Martin
Youth Volleyball Camp
2617 Jefferson Estates Ct.
Blacklick, OH 43004

Any questions please contact me at Mspitler22@aol.com

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