

# Lexington HS Volleyball Summer Camp 2019



**Camp Dates: June 17-20th, 2019**

**Check out or youth camp the next week for grades 3-6<sup>th</sup>**

**Camp Time: 9:00 am – noon**

**Age: Rising 7th Graders –Rising 9th Graders**

**Camp Fee: \$80 (camp volleyball)**

**Camp Information:** This Volleyball camp is open to any player that would like to work on learning new skills or improving their current skills! We will offer technical instruction and training in the skills of passing, setting, serving, blocking, and defense. Campers will be divided by age/skill level and experience so that everyone can learn at their level. (5 courts available) All campers will receive a camp volleyball to take home.

**All campers should bring:** Water, Athletic Shorts, Athletic Shoe with Rubber sole, Athletic Shirt, Socks, Knee Pads, towels and if needed a snack.

### Important Information

**Check in:** On June 17th, check in will begin at 8:15am and go to 9am. For the rest of the week, campers should check in no later than 10 minutes prior to camp start time. Check in for campers will be in the lobby of the LHS Gym each day.

Campers may arrive as early as 8:30am after Monday. Pick up for campers is no later than 12:15pm.

\*Walk – ins will be accepted depending on space availability in camp. Email [eshick@lexington1.net](mailto:eshick@lexington1.net) after June 10<sup>th</sup> to see if space is still available.

## Registration Form

Please return this form with your payment when mailed into the address below.

Name \_\_\_\_\_  
Grade will enter: \_\_\_\_\_ Age Now: \_\_\_\_\_  
School will attend '19-'20 \_\_\_\_\_  
Years of VB Experience \_\_\_\_\_  
Parent(s)/Guardian(s) Names: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Emergency Contact/Phone # (Other than listed above) \_\_\_\_\_

**Email address of parent:** \_\_\_\_\_  
Important Medical Information/allergies: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_

### Release Consent and Release Liability

This is to certify that my dependent has had an adequate medical examination and is physically able to participate in the Lexington High School Volleyball Camp. I voluntarily assume all risk of accident or injury to my child, which may arise out of her participation in this program, and therefore release and hold harmless Eric Shick and all camp personnel, Lexington High School and Lexington School District One from any and all liability that may result from my child's participation. In addition, I give permission for emergency medical treatment to be rendered to my child in the event I cannot be reached.

\_\_\_\_\_  
Print Name of Parent or Guardian  
\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

If you need to call with questions about the camp:

Call/text 803-730-6100 or email.

Mail registration form, consent and release form with check made payable to: Lexington HS.

Mail to:  
Lexington HS Volleyball,  
Attention: Eric Shick  
2463 Augusta Hwy.  
Lexington SC 29072