

Name _____ Session I _____ Session II _____

Address _____

Home Phone _____

School _____

Emergency Contact Person _____

Phone _____

Relationship _____

E-Mail: _____

Tee Shirt Size: (ADULT SIZES) S _____ M _____ L _____ XL _____

Waiver Statement:

Are there any medical conditions that the staff should be aware of?

We/I give my permission for my daughter to participate in the Lady Volleyball Camp and agree that any medical services needed are to be covered by your family medical coverage. In consideration for my daughter's participation, I will not hold the camp or its employees or Lancaster City Local Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.

Parent or Guardian Signature Date

Make checks payable to LHS Volleyball Parents

Send to: Heather Powers

6863 Spring Bloom Drive

Canal Winchester OH 43110