

# 2024 Lancaster Summer Softball Camp

**DATES:** June 10-12

**PURPOSE:** Our Lancaster Softball Camp will give your daughter a chance to work with the Lancaster High School coaching staff and players from the team. This camp will feature fundamentals, competitions, and drills.

**GRADES/TIMES:** Youth Camp (9:00-11:00 am each day for students entering grades 1, 2, 3, 4, 5)  
(11:30-1:30pm each day for students entering grades 6,7,8, 9)

**LOCATION:** Lancaster High School Softball Field (beside new turf baseball field)

**COST:** \$ 65 (includes instruction, a Camp T-Shirt)

**PAYMENT:** *Make checks payable to: Lancaster Softball*

**STAFF:** Lancaster High School Coaching Staff and Players/Former Players

**REGISTRATION:** Please complete the bottom and return to Lancaster High School with check by May 24th (Attention: Allison Kinniard Varsity Softball Coach, 1312 Granville Pike Lancaster, OH 43130). Payment must be attached or you may not receive a t- shirt.

**QUESTIONS:** Contact Allison Kinniard Cell: 614-774-2030 or Email: [a\\_kinniard@lcsschools.net](mailto:a_kinniard@lcsschools.net)

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School they attend: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Youth Shirt Size (please circle): S M L XL

Adult Shirt Size (please circle): XS S M L XL XXL

I \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to participate in the Lancaster Softball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp employees or Lancaster City 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/Guardian Signature: \_\_\_\_\_ Emergency Contact  
Number: \_\_\_\_\_