



# Lancaster Lady Gales Summer Basketball Camp 2026



**Gr.1-6 May 26-28**  
**Gr. 7-8 June 1-4**

Make checks payable to:  
Lady Gales Basketball  
c/o Lancaster Girls Basketball  
Lancaster High School  
1312 Granville Pike  
Lancaster, OH. 43130



[Link to Summer Camp  
Google Form and  
Online Payment](#)

**Camp Sessions and Fees**  
Grades 1st-2nd 5:30-7:00 PM @ Sherman \$65  
Grades 3rd-4th 7:00-8:30 PM @ Sherman \$65  
Grades 5th-6th 5:30-8:00 PM @ Ewing \$85  
Grades 7th-8th 12:00-3:00 PM @ Sherman \$85

The focus of the Lady Gales Camp is to provide a foundation of skill instruction and one on one attention for our young Lady Gales. Camp structure includes individual fundamentals and instruction by our Lady Gales coaching staff and players, team competition, and awards. Each Camper will be provided with a ball and camp T-shirt.

Name \_\_\_\_\_  
Grade in Fall 2026 \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_ Home#: \_\_\_\_\_ Cell# \_\_\_\_\_  
Parent Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Shirt Size: Y M Y L S M L XL

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 Gales Basketball 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: \_\_\_\_\_