

PA LEGENDS

Volleyball

CAMP

July 15-17

**Exeter
Sr. High School
Gymnasium**

**Session 1:
Girls 9-12th grade
8:00 am - 11 am**

**Session 2:
Boys 9-12th grade
12 pm - 3:30 pm**

\$150/session
Make checks payable to
PA Legends Volleyball Camp



Head Clinician
Gaige Gabriel
Penn State
University
Middle-Hitter, all-EIVA



Jaidyn Bethel
Penn State University
Outside Hitter



Kyle Charles
St. Francis University,
Setter, NEC Rookie
of the Year



Bennett Wilson
Penn State University
Outside Hitter

Assistant Clinicians

**Registration & waivers available at
www.PALegendsVolleyball.com**

Questions? john@palegendsvolleyball.com

PA Legends Volleyball Camp with Gaige Gabriel

July 15- July 17

In the Exeter Township Senior HS Gymnasium

Cost: \$150.00 Registration Due by 6/30/26

Name: _____

Address: _____

Parent Email: _____ Parent Phone: _____

Grade: _____ Shirt Size: S M L XL 2XL

High School Team: _____ Club Team: _____

Position: _____ Girls Boys

Session 1: Girls (Grade 9-12, 8am-11) **Session 2:** Boys (Grade 9-12, 12pm-3:00)

PA Legends Volleyball Camp was established to give players the opportunity to develop their skills and train with local coaches and high-level college athletes. The camp will provide high intensity instruction to students grades 9-12. Train like the college kids do!

To register, complete this form and mail along with your registration fee by June 30th.

Please make checks payable to PA Legends Volleyball Camp
PA Legends Volleyball
4508 Farming Ridge Blvd,
Reading PA 19606

For any questions, visit our website at www.palegendsvolleyball.com and email John at john@palegendsvolleyball.com

PA Legends Volleyball Camp Waiver Form

Player Name: _____

Parent Name: _____

Parent Phone Number: _____

Parent Address: _____

Statement of Consent & Waiver

I hereby agree and declare that I am the legal parent\guardian of the above-named child and hereby consent to the child's participation in the activities that are described to me in registration process. I understand that activities of the kind described may result in physical injury to my child but nonetheless specifically request that he or she be allowed to participate in those activities.

If the above-named child requires any emergency medical treatment or procedures during the activities, I hereby consent to activity supervisor(s) to make any decision and take any action to arrange for such procedures or treatments in the discretion of the activity supervisor(s).

I, the parent/guardian, hereby agree and declare that I have carefully read and understand the scope of the summer camp activities and I consent to the participation of the above-named child to these activities.

Any type of injury that may occur to the child without the fault of the camp management and activity supervisors, the camp management cannot be held responsible for any harm that may occur to the child without the fault of the camp management and activity supervisors.

Parent Signature: _____