

# 2011 Pope Junior Volleyball Spring Clinic/Tryouts

## CLINIC

Who: All 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade girls  
When: May 24 & 25 from 4:30-6:30pm  
Where: Pope High School, main gym.  
Cost: \$30

## Tryouts

Who: Rising 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade girls  
When: May 26 from 4:30- 6:30pm  
Where: Pope High School, main gym  
Cost: Free



**Please complete the following registration form and mail with payment to:**

**Pope High School**

**Attn: Volleyball**

**3001 Hembree Road**

**Marietta, GA 30062**

**(checks should be made out to the Pope Volleyball Booster Club)**

\*\*If registering after May 19- Please e-mail [popcoach@yahoo.com](mailto:popcoach@yahoo.com) that you will be attending, and bring the registration form and payment with you to the clinic/tryout.

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Child's Name \_\_\_\_\_ Parents Name \_\_\_\_\_

Parent Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Email \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Grade \_\_\_\_\_ Experience: Beginner \_\_\_\_\_ Club \_\_\_\_\_ Other \_\_\_\_\_

I hereby authorize my child to participate in the Pope Jr. Volleyball Spring Clinic/Tryout. 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 all personnel associated with this program including Pope High School from any and all liability. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached, and I assume all financial responsibilities for such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_