

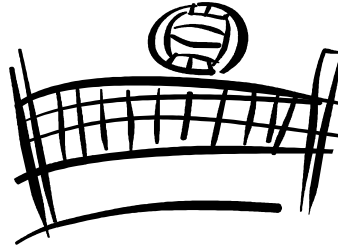
# 2010 Pope Junior Volleyball Spring Clinic/Tryouts

## CLINIC

Who: All 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade girls  
When: May 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> 4:30- 6:00  
Where: Hightower Trail Gym  
Cost: \$45

## Tryouts \*\* New this year-NO summer tryouts-this is it!!!\*\*

Who: Rising 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade girls  
When: May 13<sup>th</sup> 4:30-6:30  
Where: Hightower Trail Gym  
Cost: Free



**Please complete the following registration form by April 2nd.**  
**Please make checks payable to Jennifer Weber.**  
Any questions? E-mail – russoy@aol.com

Return forms to: Jennifer Weber  
2212 Rock Ridge Rd.  
Marietta, GA 30062

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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 Hightower Trail Middle 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 \_\_\_\_\_

