

# 2008 Pope Junior Volleyball Spring Clinic

Who: All 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade girls  
When: May 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> 4:30- 6:15  
Where: Hightower Trail Gym  
Cost: \$45



Please complete the following registration form by April 18th.  
Please make checks payable to Jennifer Weber.

Any questions? E-mail - [Jennifer.Weber@cobbk12.org](mailto:Jennifer.Weber@cobbk12.org)

Return forms to: Jennifer Weber HTMS  
3905 Post Oak Tritt Rd.  
Marietta, GA 30062

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Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
Grade- Spring 2008 \_\_\_\_\_ Experience: Beginner YMCA Club Other \_\_\_\_\_

I hereby authorize my child to participate in the Pope Jr. Volleyball Spring Clinic. 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 \_\_\_\_\_