

NHS

Volleyball Clinic

August 1st & 2nd 6:30 – 8:30 pm

Join the NHS Volleyball Team and Coaches to focus on physical conditioning, as well as learning & improving your basic volleyball skills and techniques; in preparation of the 2017 Middle School Volleyball season.

- WHO: Rising 6th, 7th, & 8th graders
WHAT: 2017 NHS Volleyball Clinic
WHEN: Tuesday, August 1st & Wednesday, August 2nd, 6:30 – 8:30pm
WHERE: Newnan High School Max Bass Gym
COST: \$50 per player

Please complete the attached registration form and mail it with a \$50 check made payable to **NHS Volleyball Booster Club** by NO LATER than July 15th.



Mail registration and \$50 check to:

Cyndi Boston

65 Spring Street

Newnan, GA 30263

Email: bcboston2000@yahoo.com

Each pre-registered participant will receive
a 2017 Newnan Volleyball T-shirt.

SPACE IS LIMITED!

2017 NHS VOLLEYBALL CLINIC REGISTRATION FORM

Name: _____

Address: _____

Email: _____ Phone: _____

School: _____ Grade: _____

T-Shirt Size: _____

Parent's Name: _____

Emergency Contact: _____

I, the parent/guardian of _____, give permission for her/him to participate in the 2017 Newnan High School Volleyball Clinic. I understand that participation in sports may result in serious injury or even death, and do not hold Newnan High School, its staff or adult representatives responsible for any sickness, injury or death resulting from participation in the clinic. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I give consent to the licensed medical personnel selected by a representative of Newnan High School to provide any medical treatment as deemed necessary.

Signature of Parent or Guardian _____ Date _____

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