



**2011 NEWNAN HIGH SCHOOL
VOLLEYBALL CLINIC FOR
MIDDLE SCHOOL GIRLS**

- WHO: 7TH & 8TH GRADE GIRLS**
- WHAT: Volleyball Clinic (Cost \$45.00)**
- WHERE: Newnan High School Gym**
- WHEN: August 3 & August 4, 2011
6:00pm to 9:00pm**
- WHY: Focus on basic volleyball skills,
techniques and conditioning led by
NHS Coach Leslie Fant in preparation
for 2011 Middle School Volleyball
season.**

**Please complete the attached registration form and mail with a
check made payable to: NHS Volleyball Booster Club.**

**Mail to: NHS Volleyball Booster
C/O Regina Brewer
266 Natures Cove Road
Newnan, Georgia 30263**

Bring a water bottle and be ready to work!!

****Each participant will receive a Newnan Volleyball cinch bag****

2011 NHS VOLLEYBALL CLINIC FOR MIDDLE SCHOOL GIRLS

REGISTRATION FORM

Name: _____

Address: _____

Email: _____ **Phone:** _____

School: _____ **Grade:** _____

In case of Emergency please call:

I, the parent (guardian) of _____, give permission for her to participate in the 2011 Newnan High School Volleyball Clinic. I understand 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