



Volleyball Clinic Registration Form

Participants Name		Age	Sex	Birthdate:
Street Address			T-shirt Size	
City		State		Zipcode
Parent/Guardian		Other/Emergency Contact		
Phone	Alternate Phone	Phone	Alternate Phone	
Email Address				
Please list any information you feel that we should know in order to better care for your child (special needs, allergies, medications, etc.)				

Which school will the player attend in the fall?		Graduation Year
Years of volleyball played	Which other sports has the player played?	
Which position(s) is the participant most interested in playing? (circle all that apply)		
<input type="checkbox"/> Setter <input type="checkbox"/> Libero <input type="checkbox"/> Outside Hitter <input type="checkbox"/> Middle Blocker <input type="checkbox"/> Rightside Hitter <input type="checkbox"/> Not Sure		

Family Physician		Phone
Medical Insurer	Group/Policy#	

A registration form **MUST** be on file with Mount Paran Sports Department **BEFORE** participation in any regularly scheduled volleyball clinic activities. Forms can be turned-in to the clinic coach or mailed to Mount Paran North, Attn: Sports Dept., 1700 Allgood Road, Marietta GA 30062.

initials	[MANDATORY] For and in consideration for allowing my child to participate in its athletic program, I, the undersigned parent or guardian of the above named child, do hereby agree to indemnify and hold harmless Mount Paran North Church of God, officials, coaches, volunteers and staff of the Mount Paran Sports Department and the Fellowship of Christian Athletes from any and all liability from the above named child's activities of any nature with Mount Paran Sports Department.
initials	[MANDATORY] I hereby request and grant permission to coaches and other officials of Mount Paran Sports Department to provide reasonable care to my child named above in the event of injury or illness during any team activity if I am not present. Such care may include first aid treatment, transporting to medical facility or the summoning of emergency assistance (ambulance, rescue, etc.).
initials	[OPTIONAL] I give permission for my child's photograph or video image to be used on promotional, informational or education materials, press media, and possible publication on the internet for positive public relations purposes.

Parent/Legal Guardian's Signature

Date



Volleyball Clinic Session Request Form

Location

- All sessions will be held in the Mount Paran North gymnasium.

Clinic Cost

- \$25 per 1-hour session
- \$20 per 1-hour session when paying for 4 sessions for a single athlete (i.e. \$80 for 4 1-hour sessions)

Instructions

- You must have a Volleyball Clinic Registration Form on file with the Mount Paran North Sports Dept. in order to attend any clinic. If you have not previously registered, please include a signed registration form with this clinic session request form.
- Please mark with an "X" the sessions which you are requesting to attend.
- Send this request form and payment to:
Mount Paran North, Attn: Sports Dept., 1700 Allgood Road, Marietta GA 30062
- You will be sent an e-mail confirming your place in the sessions you have requested.
- If you have any questions please contact either Rob Cowart (404-431-8648, robertcowart@comcast.net) or Chris Bryant (678-285-3264, chris@mtparan.com)
- **NOTE: Forms and payment can also be turned in upon arrival for your first clinic session if previously agreed. Please contact Rob Cowart for more information.**

July 2009

	July 14, 7-8PM	Beginner/Intermediate - Passing
	July 14, 8-9PM	Intermediate/Advanced - Passing
	July 21, 7-8PM	Int/Adv - Hitting & Blocking
	July 21, 8-9PM	Beg/Int - Serving & Serve Receive
	July 28, 7-8PM	Beg/Int - Passing
	July 28, 8-9PM	Int/Adv - Setting

Parent/Legal Guardian's Signature

Date



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August 2009

Aug. 4, 6-7PM	Beginner/Intermediate - Serving & Serve Receive
Aug. 4, 7-8PM	Intermediate/Advanced - Passing
Aug. 4, 8-9PM	Int/Adv - Serving & Serve Receive
Aug. 11, 6-7PM	Beg/Int - Setting
Aug. 11, 7-8PM	Int/Adv - Setting
Aug. 11, 8-9PM	Int/Adv - Hitting & Defense
Aug. 18, 6-7PM	Beg/Int - Hitting
Aug. 18, 7-8PM	Int/Adv - Serving & Serve Receive
Aug. 18, 8-9PM	Int/Adv - Hitting & Blocking
Aug. 25, 6-7PM	Beg/Int - Passing
Aug. 25, 7-8PM	Beg/Int - Hitting
Aug. 25, 8-9PM	Int/Adv - Setting

Parent/Legal Guardian's Signature

Date
