

JANET COBBS CLINICS

Train Like An Olympian! Train With An Olympian!

Janet is an **USA** 1992 Olympic Bronze Medalist with over 25 years of Coaching Experience at every level: 10U-18U, High School, Adult, OUA, CIS, NCAA Division I, II and III. I am a mom of 3, I still play and I love to coach!

Where: Park Christian High School, 300 17th St. N, Moorhead, MN 56560

When: August 3 and 4, 2020.

Who: Grades 5-8: 3:30-5:30pm, \$60.00. Grades 9-12: 5:30-8pm, \$75

Please circle which one you will be attending

Why?: To play this game we love and get better!

My email address is cobbsmulholland@hotmail.com I accept etransfer or check. Please scan or take a picture of this registration, then send to me to reserve your athlete's spot. If you would rather send registration and payment via postal service, send to: c/o Steve Cobbs, 2410 30th Ave S, Mpls, MN 55406

Name _____ Grade in 2020/2021 _____

Email address _____ Position _____

Parent/Guardian _____ Phone # _____

Emergency Contact name & phone# _____

Insurance Company and policy# _____

I understand the Janet Cobbs Camp director and instructors will not be held responsible for injuries or loss of property while the above-named student is attending the Camp. By my signature below, I hereby release Janet Cobbs Camp, its officers, agents, and employees from any and all liability, including claims and suits in law or equity, for any injury, fatal or otherwise, or the loss of personal property, and will indemnify and hold harmless Janet Cobbs Camp, its officers, agents and employees from any such claims. I realize the risks involved to the student, including the risks inherent to the sport of volleyball. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses that could be incurred as a result or treatment given the above named student for illness or injury while attending the Janet Cobbs Camp. I hereby authorize the staff of the Janet Cobbs Camp to act for me according to their best judgment in any emergency requiring medical attention.

Date: _____ Parent/Guardian Signature: _____