

SUMMER 2019 BRUNSWICK PARKS & RECREATION DEPARTMENT

SUMMER SOCCER CAMP

August 5th - 9th, 2019
9:00 a.m. - 12 noon or
9:00 a.m. – 10:30 a.m.
At Edwards Field



Ages 4 & 5, 9:00-10:30am: Brunswick Residents: \$85 Non-Residents: \$113
Ages 6-14, 9:00am-Noon: Brunswick Residents: \$120 Non-Residents: \$160

The Brunswick Parks and Recreation Department is sponsoring a **SUMMER SOCCER DAY CAMP** for **boys and girls ages 4 to 14 as of October 15, 2019**. There are two age groups, a 4 & 5 year old group that runs from 9am until 10:30am and a 6 to 14 year old age group that runs from 9am until noon. This program has evolved into one of the more popular summer recreation programs offered in our community.

Each day begins with a fun "camp warm-up" which gets everyone loose and lots of touches on the ball. The players are then split up into age-appropriate groups and matched up with a coach for the week. As a group they play fun games and exercises which promote confidence with the ball. Each day ends with scrimmage play which may be different from day to day but encourages every player to be involved as much as possible. All campers receive a Nike soccer ball and Nike t-shirt.

HIGHLIGHTS

- Fun, Motivated & Experienced Soccer Staff
- Great For All Skill Levels
- Low Player to Coach Ratio
- Includes a Seacoast United Soccer Camp Shirt
- Every camper will receive a Soccer Ball



The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656.

**For More Information, call 725-6656. For a copy of our refund policy visit us at
220 Neptune Drive or online at www.brunswickme.org**

BRUNSWICK PARKS & RECREATION DEPARTMENT
SUMMER SOCCER CAMP, August 5th - 9th, 2019



Fee: (Ages 4 & 5): Brunswick Residents - \$85*
Non-Residents - \$113*
(Ages 6 – 14): Brunswick Residents - \$120*
Non-Residents - \$160*
***(Includes ball and T-shirt)**

<u>For Office Use</u>	
Date	_____
Amt\$	_____
<input type="checkbox"/>	121102-01 Ages 6 - 14
<input type="checkbox"/>	121102-03 Ages 4 & 5
<input type="checkbox"/>	Computer

Please check one: **Age 4 & 5 (Age as of 10/15/19) 9am – 10:30am**

Age 6 – 14 (Age as of 10/15/19) 9am - noon

Name _____

Date of Birth _____ Age _____ (Age as of October 15, 2019) Male Female

School Attending, fall 2019 _____ Grade _____

Street Address _____

Town _____ Zip _____

Parent/Guardian #1 _____ EMAIL _____

Parent/Guardian #1 Home Phone _____ Parent/Guardian #1 Work Phone _____ Parent/Guardian #1 Cell _____

Parent/Guardian #2 _____ EMAIL _____

Parent/Guardian #2 Home Phone _____ Parent/Guardian #2 Work Phone _____ Parent/Guardian #2 Cell _____

Family Doctor _____ Phone _____

*ALLERGIES, PHYSICAL OR EMOTIONAL LIMITATIONS (if any) _____

**WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE? YES NO*

Emergency Contact, other than parent: Name _____ Relationship _____

Day Phone _____ Cell/Pager _____

I give permission for my, above named, child to participate in the Summer Soccer Camp.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name(s) *Please Print* _____

