

Kick Start



Soccer



Boys & Girls ages 5 to 8

**Child's age determined as of Oct. 15, 2010*

Fees: Ages 5 & 6 - \$25 Resident / \$33 Non Resident
Ages 7 & 8 - \$28 Resident / \$37 Non Resident

Saturdays, April 17 to May 8
@ Bowdoin College

Under the direction of Fran O'Leary, Bowdoin College Men's Soccer Coach & Maren Rojas, Bowdoin College Women's Soccer Coach

Coach Fran O'Leary, Coach Maren Rojas and Bowdoin College soccer players will instruct participants in fundamental soccer skills, rules and other aspects of the game. Station work will provide opportunities for young players to practice their new skills. (Ball skills, passing, shooting, dribbling, etc.) The program will be held at Bowdoin College, on the fields located behind the Farley Field House.

This low-key, non-competitive program will be run in a clinic format. The emphasis will be on **FUN** and **LEARNING**. The registration fee includes a "Kick Start Soccer" T-shirt. The program will be held on Saturdays April 17 – May 8. Session I, for 5 & 6 year olds is from 10:30-11:30am; Session II, for 7 & 8 year olds runs from 9:00– 10:30am.

Bring your own soccer ball if you have one. There will be some available to use.

For a copy of our refund policy please visit our office at 30 Federal Street or our website at:
www.brunswickme.org/parkrec/refund_policy.htm

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.

✂ Detach & return with fee to the Brunswick Recreation Center, 30 Federal St. by **April 15**. Office Hours Mon-Fri 8 a.m.- 4:30 p.m. **Brunswick Parks & Recreation Department**

Kick Start Soccer 2010

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Ages 7/8 \$28 Resident / \$37 Non Resident
**Child's age determined as of Oct. 15, 2010*



For Office Use
Date _____
Amt\$ _____
Rec.# _____
Computer <input type="checkbox"/>
421101-01 ages 5&6
421101-02 ages 7&8

Please Print

Name _____ Boy Girl
Street Address _____ Town _____ Zip _____
Town of Residence _____ School _____ Grade _____
Age, as of 10/15/10 _____ Date of Birth _____
Home Phone _____ Work Phone _____ Cell/Pager _____ Email _____
Emergency Contact (other than parent) Name _____ Relationship _____ Phone _____

Session I: Ages 5 & 6 (10:30 - 11:30 a.m.) **Session II: Ages 7 & 8 (9:00 – 10:30 a.m.)**

I give permission for my above named child to participate in the Kick Start Soccer program.

Parent/Guardian Signature _____

Please Print Parent/Guardian Name(s) _____