



# MIDCOAST JUNIORS VOLLEYBALL CLUB

## Co-ed, Ages 5-16



**Mondays & Thursdays, March 28-April 14**  
**@ The Brunswick Recreation Center**  
*Ages 5-8* 4:00-5:00pm  
*Ages 9-16* 5:15-6:30pm  
**Resident Fee: \$50 for younger group/\$70 older**  
**Non Resident Fee: \$67 younger/\$93 older**  
**(Fees include a Molten Volleyball)**

The Brunswick Parks & Recreation Department and Bowdoin College are joining together once again to offer this exciting program!

This clinic will focus on introducing players to the sport of volleyball with an emphasis on fun and learning. Engaging, game-like station work will provide opportunities for players to practice their skills (passing, setting, attacking, and serving). All

participants will be taught proper techniques and basic rules of the game.



Instructor **Karen Corey** is the *Head Coach of Women's Volleyball at Bowdoin College*. A former Division I player at the United States Naval Academy, Karen continues to develop the sport of volleyball for the youth of MidCoast Maine. She will be assisted in the clinic by the varsity women players from Bowdoin College.

For a copy of the Recreation Department's refund policy please visit our office at 30 Federal Street or our website at [www.brunswickme.org/parkrec](http://www.brunswickme.org/parkrec)

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 Recreation Center, 30 Federal St., by March 25<sup>th</sup>** Office hours Mon.-Fri., 8:00 a.m. to 4:30 pm✂

**BRUNSWICK PARKS & RECREATION DEPT. FEE: \$50/\$70 Resident / \$67/\$93 Non Resident**  
**YOUTH VOLLEYBALL CLINICS 2011**

PLEASE PRINT

Name \_\_\_\_\_ Female  Male

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Zip \_\_\_\_\_ Town of Residence \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, Physical/Emotional Limitations: \_\_\_\_\_

**Please check appropriate box:**

**Ages 5-8 (4:00-5:00pm)**

**Ages 9-16 (5:15-6:30pm)**

*My, above named, child has my permission to participate in the Brunswick Parks and Recreation Department Volleyball Club.*

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian (PLEASE PRINT) \_\_\_\_\_

**For Office Use**  
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 Amt\$ \_\_\_\_\_  
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