



MIDCOAST JUNIORS VOLLEYBALL CLUB

Co-ed, Ages 5-16



Tuesdays & Thursdays, April 1st-17th
@ The Old Brunswick High School gym
Ages 5-8 5-6pm
Ages 9-16 6:15-7:45pm
Resident Fee: \$60 for younger group/\$90 older
Non Resident Fee: \$80 younger/\$120 older
(Fees include a Molten Volleyball)

The Brunswick Parks & Recreation Department and Bowdoin College join together to offer this new program. This clinic will focus on introducing young 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 new skills (passing, setting, attacking, and serving) that will culminate into a full game. The youngest players will learn on lower nets and with smaller teams. 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 is interested in developing 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.



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 28th.** Office hours Mon.-Fri., 8:00 a.m. to 4:30 pm✂
BRUNSWICK PARKS & RECREATION DEPT. FEE: \$ 60/\$90 Resident / \$80/\$120 Non Resident
YOUTH VOLLEYBALL CLINICS 2008

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 _____

Allergies, Physical/Emotional Limitations: _____

Please check appropriate box:

Ages 5-8 (5-6pm)

Ages 9-16 (6:15-7:45pm)

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

Signature of Parent/Guardian _____

Name of Parent/Guardian (PLEASE PRINT) _____

For Office Use	
Date	_____
Amt\$	_____
Rec#	_____
421421-01	
Computer	<input type="checkbox"/>