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
Online Registration Now Available!

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)

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 #1Home Phone_________ Parent/Guardian #1Work Phone_______ Parent/Guardian #1 Cell_________

Parent/Guardian #2_________________ EMAIL_________________________

Parent/Guardian #2Home Phone_________ Parent/Guardian #2Work 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______________________________________

For Office Use
Date ___________________ Amt$ ________________
☐ 121102-01 Ages 6 - 14
☐ 121102-03 Ages 4 & 5
☐ Computer