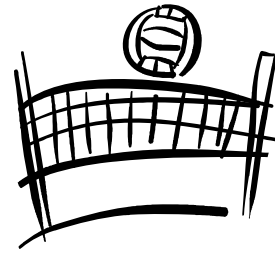


Portland Recreation Department  
5<sup>th</sup>/6<sup>th</sup> Grade Instructional Volleyball  
Winter 2010



**What:** 2-week instructional Volleyball program

**Who:** Girls 5<sup>th</sup> and 6<sup>th</sup> grade (limit 25 each)

**When:** Monday–Thursday beginning March 22, 2010  
\*6<sup>th</sup> grade 4:00 – 5:15 pm  
\*5<sup>th</sup> grade 5:30 – 6:45 pm

**Where:** Portland Middle School Gym

**Registration Deadline:** Please return all signed registration forms and payments to Portland City Hall (259 Kent Street) by Thursday March 18, 2010.

**Cost:** City & Portland Twp. residents.....\$15.00  
All other residents.....\$20.00

- This instructional program will emphasize the skills and fundamentals necessary to play power volleyball.
- Participants will have an opportunity to practice the fundamentals through repetition and fun skill building games and drills.
- The sessions will be led by Portland High varsity coach Mark Holdren

\*Please note your child will need transportation to and from each practice

This program is perfect for both beginners as well as experienced players looking to refine their skills and knowledge of the game.

If you have questions about this program please contact Neil at 517.647.3207

5<sup>th</sup>/6<sup>th</sup> Grade Instructional Volleyball  
Winter 2010

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & Zip: \_\_\_\_\_ I attend: Westwood      St. Pat's      Other

I live in the City: Yes or No      If no, I live in the township of: \_\_\_\_\_

Email \_\_\_\_\_

Sessions (Circle One): \*6<sup>th</sup> grade 4:00–5:15 pm      \*5<sup>th</sup> grade 5:30–6:45 pm

I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents or any facility used for this recreational program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further represent that I carry medical-hospital insurance and I understand that the City does not provide such insurance coverage for me. Photographs & videos may be taken at certain Parks and Recreation Department activities and unless The Parks and Recreation office receives written signed obligation, photos may be reproduced in department publications.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Please print your name: \_\_\_\_\_