

# Mayor Michael Reina and the Jackson Township Department of Recreation

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# 2017 Volleyball Camp

Location: Johnson Park – Cooksbridge Road & Kierych Memorial Drive

Eligibility: Jackson Residents – Boys and Girls completing grades 3<sup>rd</sup> – 12<sup>th</sup>

Fee: \$75 Per Participant  
Includes a shirt at the conclusion of the program



Register: [www.capturepoint.com](http://www.capturepoint.com) or mail in the form below. There is a \$5 fee per transaction when paying online with a credit card.

All refunds will be assessed an administrative fee of \$10. If you paid by credit card, you will not be refunded your \$5 convenience fee. The administrative fee will be deducted from any refund due upon cancellation. No refunds will be given if a cancellation occurs after the program has begun. Should the Township cancel a program for any reason at any time a full refund will be given. All refunds are done by voucher and take approximately 4-6 weeks. In the event of inclement weather, make-up classes will be offered at the end of the program.

**Clinic Dates: July - 3, 5, 6, 11, 12, 13, 18, 19, 20, 25, 26, 27 & 31**

**Registration is on a first come first serve basis and is limited to the first 60 registrants in each grade group**

Beginners: Children Completing Grades 3<sup>rd</sup> – 5<sup>th</sup> 4:00 p.m. – 5:30 p.m.

Advanced: Children Completing Grades 6<sup>th</sup> – 12<sup>th</sup> 5:30 p.m. – 7:00 p.m.



Supervisor: *Jason Ulrich –Assistant Volleyball Coach at Georgian Court University, regional Teams for Warren Sixpak Volleyball Club, Goetz Middle School Teacher, Head Coach Goetz Track & Field*

**Participants will learn the basic and advanced fundamentals of volleyball. All participants will be given tips and technical advice based upon their individual levels and how to maintain a safe environment of play.**

Participants should wear comfortable clothing, sneakers and bring a water bottle

**2017 Summer Volleyball Camp - Drop off or mail to: 45 Don Connor Blvd., Jackson NJ 08527**

Please make checks payable to: **Jackson Township**

Participant \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completing \_\_\_\_\_

Address \_\_\_\_\_ AGE \_\_\_\_\_ Shirt Size \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

*I hereby give my permission for my child to participate in the Summer Volleyball Program. I hereby release the Township of Jackson and the Recreation Department from any and all liability from injuries, which may occur to my child from participating in this program.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Conditions/Physical Limitations \_\_\_\_\_ Emergency Contact \_\_\_\_\_