

## Clinic Objectives...

- Give students a chance to learn the fundamental skills of volleyball outside their normal physical education class.
- Provide individual instruction to help players overcome specific weaknesses.
- Attempt to meet the needs of both the beginner and the experienced player.
- Gain an appreciation for the game by teaching different strategies.
- Provide an environment suitable for an enjoyable and rewarding experience.



## "Frequently Asked Questions"

### When is the application deadline?

Monday March 25 will be the final day to hand in completed applications to Somerset Recreation in the Town Office Building 140 Wood St.

### What should I wear and bring?

Everyone should bring sneakers, comfortable attire, water, and knee pads (encouraged but not required)

### Who can I contact if I need more information?

Kim Ferrara

*Assistant Volleyball Coach*

Phone (508)728-8720

E-Mail:

kimferrara221@gmail.com

Or

Barry Fontaine

*Recreation Director*

Phone (508) 646-2808

Somersetrecreation@yahoo.com

### Who do I address my check to?

Please address personal checks to:  
Somerset Recreation Department

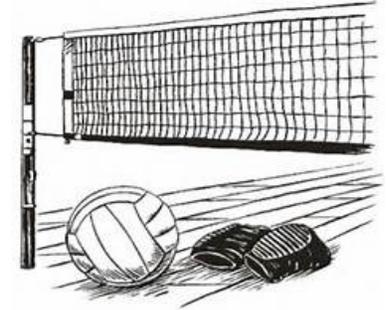
### Who collects the applications & payment?

Somerset Recreation Department

## Somerset Playground & Recreation

Presents

## Blue Raiders Volleyball Clinic



### 4 SESSIONS

**Mondays, Tuesdays**

*March 30,31 April 6,7*

@ Somerset Berkley Regional

625 County St, Somerset, Ma 02726

**\$50.00 Residents \$60.00 Non Residents**

6:00—8:00 pm

**Deadline for registration is March 25**

**Ride home must be provided!**

**Clinic Director -  
SBRHS  
Assistant Volleyball  
Coach  
Kim Ferrara**

Coach Ferrara coached at the Coastal Volleyball Club in her college years and more recently for the 15 Club division last year and this year for the 16 Open team called Storm. She started a spring volleyball intramural program for the Somerset Middle School last year which led to the creation of a fall school team that competed in its first Massasoit League season successfully this past fall. She has been an assistant head and clinic for SYVL Swansea Youth Volleyball League for the past two years. She was a Case Volleyball player in the early 90's when they were state champions and went on a 105 game winning streak. She was the owner/founder of the Wiggle Kids, Inc. and has been coaching youth sports for all kinds for over 15 years.

The Raider Volleyball Clinic staff will consist of current varsity and junior varsity SBRHS players, former college players and overseen by current High School Coaches.

This program is being offered to girls and boys in grades 5, 6, 7, 8.



**2026 Raider  
Volleyball Clinic**

**About the Clinic...**

*This 4-week clinic provides 8 full hours of improving players' skill sets and knowledge through a fun, yet challenging, volleyball experience. Participants will walk away with a wide variety of information that will help them develop confidence whenever they step onto the court.*

**Emphasis will be placed on developing proper serving, passing, setting, and attacking through a series of drills and live play. Participants will receive specific feedback for personal development. Game-like situations will be used to teach offensive and defensive strategies in order to give each participant a better understanding and grasp of the game we love!**

**Registration Form**

2026 Blue Raider Volleyball Clinic

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Cost of Clinic: \$50.00 Resident \$60.00 Non-Residents**

**Please Make Checks Payable To:**

**Somerset Recreation Department**

**T-shirt will be included by instructor**

**Waiver & Release:** I realize that injuries can be a consequence of participation in this activity and that no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible harm or injury, specifically but not limited to strains, sprains, dislocations, broken or fractured bones, cuts or bruises. I understand and appreciate that such injury could also include, without limitation, serious neck and spinal injuries which may result in partial or total paralysis; brain damage, loss of sight, hearing, sense of smell, serious or permanent injuries to all bodily organs and functions; serious injury to all or part of the musculoskeletal system, all of which may detrimentally impact my child's general health and well-being for the rest of my child's natural life. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow my child to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Somerset Berkley Regional High School, Somerset Public Schools, Somerset Playground & Recreation, Blue Raiders Volleyball Clinic staff and the Town of Somerset, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to my child as a result of my child's participation in this activity.

By my signature below, I certify that I completely understand this document. I certify that I am eighteen years of age or older, and am not under the influence of any drugs or alcohol.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date