



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT

3 Library Road, Briarcliff Manor, NY 10510

(914) 941-6560 ~ ~ BMRD@briarcliffmanor.gov



BRIARCLIFF BEARS WINTER 2026 Boys VOLLEYBALL CLINIC – Winter Break

Bears Volleyball is the perfect opportunity for young players to be introduced to the game of volleyball and/or improve their skills and have fun during a day off from school. Led by Briarcliff/Croton/Hen Hud Varsity Coaching staff and players we will offer a comprehensive curriculum designed to enhance player development, to improve players' technical abilities, promote positive character development, and skill development. We cater to players of all ages and skill levels, and we group players with similar abilities to ensure the best experience for all. This is a great program to gear up to learn a lifelong love of VOLLEYBALL.

ELIGIBLE: Boys in grades K – 11th, who reside in the Village of Briarcliff Manor (VBMR) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!

DATES & TIMES: Days: Wednesday, February 18th and/or Thursday, February 19th **WINTER BREAK**
K – 5th – 9:00 a.m. to 10:00a.m. **6th – 11th** – 10:30 a.m. to Noon

LOCATION: Briarcliff High School Gym. 444 Pleasantville Road, Briarcliff Manor, NY

FEES: \$10 per child per day or \$15 per child for both days Residents of VBM
\$15 per child per day or \$20 per child for both days School District/Non Residents

NOTES: **Bring a water bottle, please wear sneakers and athletic attire.**

DEADLINE: Friday, February 13th by 3 p.m.

REGISTRATION: Registration begins **Wednesday, January 7 at 9 a.m.** Registration may be done online* from any device, in person (at the Recreation Office, 3 Library Rd) or by using the drop box outside the WJV Community Center, 3 Library Road. *In order to register online you must either have an account through CivicRec or create an account for your household.

Bears Volleyball Clinic – Winter 2026 WINTER BREAK

Fees: \$10/15 – Village of Briarcliff Residents, \$15/20 for School District and Non Resident Residents

NAME: _____ GRADE: _____ PARENT CELL #: _____

ADDRESS: _____

MEDICAL CONCERNS: _____

CHOOSE ONE: **Both Days** or **Wednesday, February 18th** or **Thursday, February 19th**

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor and Briarcliff Manor School District, its employees, contractors and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. If medical emergency arises, instructors will call 911. I give permission for my child to be transported to hospital and necessary treatment provided by hospital medical staff. I have read and fully understand the above acknowledgement of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

E-Mail Address: _____

(For receipt/notification purposes only)

Signature of Participant (or Parent/Guardian)

METHOD OF PAYMENT: **CASH** **CHECK #** _____ **CREDIT CARD** **

*Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). **Credit Card charges will incur a 3% fee or a minimum of \$2 fee*

DATE: _____

AMOUNT: _____

RECEIPT#: _____