



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Basketball Clinics (Ages 3-9)

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944**

- **Who:** Boys and Girls ages 3-4, 5-6 & 7-9
- **Where:** South End School
- **When:** Saturdays; March 23, 30 April 13, (skip 4/27) May 11 & 18
- **Time:** Ages 3-4: 9:30-10:15am
Ages 5-6: 10:30-11:15am
Ages 7-9: 11:30am-12:15pm
- **Fee:** \$60.00/child ; Late fee of \$10 after 3/8/19- **NO REFUNDS after 3/8**
CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE

Description: Basketball Clinics will teach children the basic rules and fundamentals of the game of basketball. Children will learn skills, drills, dribbling, shooting while learning the game and having FUN! This program will be instructed by 8th grade Suburban Coach, Phil Negra.

Basketball Clinic – Spring 2019

NAME _____ AGE _____ SCHOOL _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If *Yes*, explain) _____

Parents, please print your name here if you are interested in helping out _____

Check One: BOY _____ GIRL _____

Age Group: AGE 3-4 _____ AGE 5-6 _____ AGE 7-9 _____

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child's participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

Signature _____

Date _____

\$60.00