



Spring 2017 Basketball Clinics

Boys & Girls in grades 3-8

The Middlesex Recreation Department along with program coordinator Jared Goldstein is pleased to present basketball clinics to boys and girls in grades 3 through 8 whom reside in Middlesex. These sessions are intended to practice previously acquired skills and learn new ones. Team play will be emphasized & practice drills will be demonstrated. Learn the fundamentals of the game:

OFFENSIVE DRILLS: Dribbling • Passing • Shooting Instruction

DEFENSIVE DRILLS: On the ball • Off the ball help • Boxing out • Help and Recover • Rotation

Whether your child participates in one or ALL of the clinics the total fee is \$20.00. Each child **MUST** be registered through the recreation department before attending the clinic. Once registered, your child may attend any or all of the clinic dates listed below. The one-time fee of \$20 must be turned into the Middlesex Rec. Dept. only—coaches **CANNOT** take registration forms and/or money. **Only children on the roster will be allowed to participate.** Clinics will be offered at Middlesex High School Gym.

Clinics will be run by Breakaway Basketball Camp, LLC, owned and operated by Middlesex High School varsity basketball coach Jared Goldstein.

CLINICS ARE HELD ON WEDNESDAY'S IN THE GYM AT MIDDLESEX HIGH SCHOOL

April 5, 12, 26

May 3, 10, 17, 31

- **Grades 3-5 from 6pm-7pm**
- **Grades 6-8 from 7pm-8pm**

Please fill out bottom portion and return it w/ payment to the Rec. Dept.

PLEASE PRINT CLEARLY IN PEN

BASKETBALL CLINIC SPRING 2017

Name (participant) _____ Grade _____ DOB ____/____/____

Address _____ Phone # _____

Parent(s) Name _____ Cell # _____

Parent(s) Name _____ Cell # _____

Contact Email _____

Emerg. Contact (*other than parent(s)*)

Name _____ Relation _____ Phone _____ H / W / C

Medical conditions, allergies, etc. _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid.

DO NOT WRITE IN BOX - For Office Use Only

Receipt # _____

RCV'D _____

Parent/Guardian Signature

Date