



Bernards Township Parks & Recreation Little Hoops Clinic Kindergarten-3rd Grade

Session I

Grades K-1

Saturdays, October 4- November 22, 2014

(No program 11/8)

9:00 AM – 10:00 AM

William Annin Middle School- Old Gym

Session II

Grades 2-3

Saturdays, October 4- November 22, 2014

(No program 11/8)

10:30 AM – 11:30 AM

William Annin Middle School- Old Gym



This clinic is appropriate for beginners and continuing players.

This is a 7 week co-ed recreational basketball clinic where the basic skills and fundamentals of basketball are taught to participants who will be instructed by coaches from Drills, Skills, and Thrills Basketball LLC. Drills, Skills, and Thrills staff are experienced high school and college coaches and players who offer enthusiasm and experience while keeping the sport fun and safe! All ability levels are welcome. There will be a focus on skill development: Offense, defense, dribbling, and ball handling. Each session will have instruction and scrimmages for the children to learn the rules of the game.

This clinic takes place before the Recreation Basketball league therefore it is a great way for the 3rd graders interested in participating in the upcoming season to work on their skills before the regular season begins!

\$60 per participant. Registration deadline Friday, October 3, 2014. Proof of residency required. You must be a Bernards Township resident OR attend a school located in Bernards Township.

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested before the session's start date. There will be no refunds given after the session begins.

Recreation program schedule subject to change.

Bernards Township Department of Parks & Recreation

908-204-3003



www.bernards.org



2014 LITTLE HOOPS REGISTRATION FORM

ONLINE and In-Person Registration available – One form per child

If your household is new, inactive, or missing pertinent information you will need to complete a [Household Information Form](#) before registering. Online Registration: Visit www.bernards.org. Call 908-204-3003 to request your User Name and Password. In-Person or Mail-In Registration: Complete the form below and return with check made payable to "Bernards Township" to Parks & Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Program: Little Hoops _____ \$60 Session I (K-1st Grade) _____ \$60 Session II (2-3rd Grade)
Please make checks payable to "Bernards Township"

Last Name _____, **First Name** _____ **Birth date:** ____/____/____

School child attends (please circle): OS / CH / LC / MP / Other: _____ **Grade:** _____

Address: _____

Town: _____ **Zip:** _____

	Primary Household Contact/Guardian	Secondary Household Contact/Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		

Primary Household Email	
Alternate Household Email	

Please provide information for an emergency contact (other than parent) We will always attempt to contact the parent/guardian first.

	Emergency Contact #1	Emergency Contact #2
Name		
Phone #		

Allergies: _____

Any medical, physical, behavioral, or mental health conditions we should be aware of:

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for the well being of my child/dependent until such time as I may be contacted. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's/dependent's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries my child/dependent may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to my child/dependent. I grant Bernards Township the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

For office use only

\$ _____

Ck. # _____

Date: _____