



# Fall 2023 Basketball Clinics

## Boys & Girls in grades 3-8

The Middlesex Recreation Department along with program coordinator Jared Goldstein, Stew Lester, and Kevin Reynolds are 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 **\$50.00 per athlete**. 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 \$50 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 the Middlesex High School Gym.

### CLINICS ARE HELD ON MONDAYS IN THE GYM AT MIDDLESEX HIGH SCHOOL

6 weeks  
 September 25  
 October 2, 9, 16, 23, 30

**Grades 3-8 from 5:30pm-6:30pm**

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

PLEASE PRINT CLEARLY IN PEN

BASKETBALL CLINIC FALL 2023

Name (participant) \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Cell # \_\_\_\_\_

Contact Email \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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.

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Date

DO NOT WRITE IN BOX - For Office Use Only	
Receipt #	_____
RCV'D	_____