



Spring 2022 Basketball Clinics

Boys & Girls in grades 3-12

The Middlesex Recreation Department along with program instructors Jared Goldstein, Stew Lester and Kevin Reynolds are pleased to present basketball clinics to boys and girls in grades 3 through 12 who reside in Middlesex. These sessions are intended to practice previously acquired skills and to 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 \$40.00. 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 \$40 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 for grades 3 through 8 will be run by Stew Lester and Jared Goldstein of Breakaway Basketball Camp, LLC. Clinics for grades 9 through 12 will be run by Kevin Reynolds.

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

March 30

April 6, 13, 20, 27

May 4, 11, 18

- **Grades 3-8 from 6pm-7pm (gym divider)**
- **Grades 9-12 from 7pm-9pm (no gym divider)**

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

PLEASE PRINT CLEARLY IN PEN

BASKETBALL CLINIC SPRING 2022

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.

Parent/Guardian Signature _____

Date ____/____/____

DO NOT WRITE IN BOX - For Office Use Only

Receipt # _____

RCV'D _____