



# Spring 2022 Open Gym Basketball

## Boys & Girls in grades K-2

The Middlesex Recreation Department is pleased to present basketball open gym to boys and girls in grades K—2 who reside in Middlesex. These sessions are intended to practice previously acquired skills and learn new ones. This program is priced at \$20. Team play will be emphasized & practice drills will be demonstrated; 60 minutes to work on different basketball skills each week. The drills will focus on fundamentals while helping the athlete enjoy the game. The fundamentals of the game will include:

**OFFENSIVE DRILLS:** Dribbling • Passing • Shooting Instruction

**DEFENSIVE DRILLS:** Man to Man Defense Skills • Boxing out & outlet passing

Each child **MUST** be registered through the recreation department before attending the clinic. Once registered, your child may attend all of the clinic dates listed below. **Space is limited to 20 children. There is a \$20 fee. Only those registered for the Spring 2022 Spring Season are eligible to participate.** All registrations must be turned into the Middlesex Rec. Dept. only—coaches **CANNOT** take registration forms and/or money.

**OPEN GYM BASKETBALL IS HELD ON TUESDAY'S**  
**AT WATCHUNG SCHOOL IN THE WATCHUNG GYM**  
**ALL SESSIONS MEET FROM 630PM-730PM**

**March 29**  
**April 5, 12, 19, 26**  
**May 3, 10, 17**

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

PLEASE PRINT CLEARLY IN PEN

BASKETBALL OPEN GYM 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 _____