



THE EDISON RECREATION DEPARTMENT  
PRESENTS

A **FREE** BASKETBALL CLINIC  
FOR GRADES 3 THROUGH 5



LOCATION: Minnie B. Veal Community Center  
DATES: April 18, 19, 20, & 21  
TIME: Beginner: 4:00 p.m. – 5:00 p.m.  
Intermediate: 5:00 p.m. – 6:00 p.m.

**CLASS SIZE LIMITED**

The beginner level is for players with limited basketball skills and knowledge.  
The intermediate level is for the players that have knowledge of the game of basketball.

**This program will cover all aspects of the game of basketball.  
All players will leave this program with a better understanding of the game of basketball.  
Please make sure your child wears sneakers during this training.**

**To register go to [register.capturepoint.com/Edison](https://register.capturepoint.com/Edison) or access Community Pass via the township website under Recreation. Simply create your family account or sign into your existing family account and register for this program. If you do not have a computer to sign up online please contact the Recreation Department Monday – Friday from 8:00 a.m. to 4:30 p.m. at 732-248-7310 for an additional information. Please register early to reserve your spot. Space is limited for this event.**

**CDC guidelines will be followed**

For further information or ADA concerns, please call the Edison Recreation Department at 732-248-7310.



Find us on our Social Media Platforms  
Facebook: @EdisonTownshipRecreation  
Instagram: @edisonrec  
Twitter: @EdisonRec

Township of Edison Recreation Department  
100 Municipal Blvd., Edison, NJ 08817  
Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.  
Tel. 732-248-7310  
[www.edisonnj.org](http://www.edisonnj.org)



SPONSORED BY:

EDISON TOWNSHIP RECREATION DEPARTMENT  
Joyce Fircha, Acting Director of Recreation



**SPRING BREAK BB APPLICATION**

ACCT: # \_\_\_\_\_

Office Use Only: Date Received _____ Emp. Initials _____
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**PLEASE PRINT**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

BEGINNER \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_

I hereby give permission for myself/my child to participate in this activity and assume the risk thereof and I do agree for myself/my child at all times to keep the said Recreation Department, Personnel and the Township of Edison free, harmless and indemnified from any and all liability for any injury I/my child might sustain as the result of said participation. Photographs, videotapes, and audio recordings of the participant while participating in an Edison Recreation Department Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text, to be used for Edison Township Recreation Activities. It is further understood and agreed that Edison Township does not provide any insurance coverage for the participant or organization.

\_\_\_\_\_  
PARENT'S NAME PRINT

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE