



LITTLE HOOPSTERS BASKETBALL CLINIC



Looking for young players (boys and girls) that are interested in learning the game of basketball.

FOR BOYS AND GIRLS

GRADES K - 1

INCLUDES:

- Training on all aspects of the game
- Free basketball
- T-shirt
- One hour sessions

DETAILS:

- Starting January 13th and running thru February 24th
- Program will be on Sundays
- Time: 1:00 – 2:00 pm
- Sessions will be held in the Middle School gym
- Cost: \$70/player (siblings - \$65 each)

(Any necessary date/time changes will be communicated via the email you provide, so please monitor.)

In-person registration:

- Sat, 12/8 & Sat, 12/15 at Veteran's (gray trailer at the back of the parking area)
- 9:00 – 11:00 am

Online registration:

- Registration and payment can be made at:
<http://tshq.bluesombrero.com/saddlebrookrec>
- Click on the 'registration info' tab, then 'available programs' and select '2019 Little Hoopsters'

***Registration ends 12/16/18**

THIS PROGRAM IS NOT SPONSORED BY THE SADDLE BROOK BOARD OF EDUCATION

**Saddle Brook Recreation Basketball Registration
LITTLE HOOPSTERS**

Program is not sponsored by the SB Board of Education

Registration Methods

IN PERSON: Saturday, 12/8 & Saturday, 12/15 from 9:00 am – 11:00 am
LOCATION: Gray Portable at Veterans Field
MAIL: 109 Cambridge Ave., Saddle Brook NJ 07663
ONLINE: <http://tshq.bluesombrero.com/saddlebrookrec> (click on 'registration info' tab, then 'available programs' and select '2019 Little Hoopsters')
COST: \$70 per player; \$65 for each additional sibling (separate registration form required)
ELIGIBILITY: Boys and Girls currently in Grades K-1

Program will run on Sundays from 1:00 – 2:00 pm in the Middle School gym beginning January 13, 2019 thru February 24, 2019.

REGISTRATION ENDS 12/16/18!

Checks should be made payable to: **Saddle Brook Recreation Basketball**

Any returned checks will be charged a \$35.00 fee in addition to the registration fee.

If you have any questions please contact: Mark Marino – mam1130@aol.com

(Please print clearly)

Name: _____ Gender: Male _____ Female _____

Age: _____ School: _____ Grade: _____

Address: _____

Contact phone#: _____

Parent's e-mail: _____

Main Contact Name: _____

T-SHIRT SIZE (circle): 2/4 6/8 10/12 14/16 18/20

PHOTO WAIVER

We will occasionally post photos/videos of the children on our website and/or Facebook page. If you do **NOT** want your child's photo posted, you must check the box and sign below.

☐ I do **NOT** wish to have my child's photo on any public media _____

I, the undersigned guardian/parent and my spouse, of the Township of Saddle Brook, in the County of Bergen and the State of NJ, in consideration of the benefits to our child indicated on this form and to the other children to be gained through their participation in the Saddle Brook Recreation Programs, no matter how designated or described, do hereby release the Township of Saddle Brook and its agent, servants and/or employees and volunteers from any and all claims or liabilities or actions whatsoever for medical bills, medical expenses, injuries, damages or losses that may be sustained by ourselves and/or our child from any participation in any recreational program in the event the medical bills and/or losses or damages exceed the Township of Saddle Brook's supplemental insurance policy. We fully understand that the Township's insurance policies are supplemental insurance policies only and that primary insurance for any injuries, claims, damages or losses are to be compensated to us through our own primary insurance policies. In the event we do not have primary insurance then the Township's supplemental insurance policy will not come into effect and we will not be entitled to present any claim or action against the Township of Saddle Brook.

Parent/Guardian Signature

Date

Print Name