

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: Scho	ool:				Gra	ade:	
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 photoposted, you must check the limit I do NOT wish to ha	box and sig	n below.			or Facebook pag	e. If you do NOT	Γ want your child's photo
I, the undersigned guardian/y consideration of the benefits Saddle Brook Recreation Proagent, servants and/or employ expenses, injuries, damages program in the event the med We fully understand that the injuries, claims, damages or primary insurance then the Totalim or action against the Totalim.	to our child ograms, no byees and v or losses t dical bills a Township's losses are ownship's	d indicated matter ho volunteers that may be nd/or loss insurance to be compleme	d on this form ow designated from any an oe sustained less or damage policies are upensated to ntal insurance	and to the ot d or described d all claims o by ourselves es exceed the e supplement us through ou	her children to be I, do hereby rele r liabilities or acti and/or our child f Township of Sa al insurance polic or own primary in	e gained through ase the Township ons whatsoever from any participaddle Brook's supcies only and that surance policies.	their participation in the p of Saddle Brook and its for medical bills, medical ation in any recreational plemental insurance policy. It primary insurance for any . In the event we do not have
Paren	t/Guardian	Signature)		_		Date
Print Name							