



MOUNTAIN LAKES RECREATION JUNIOR BASKETBALL CLINIC GIRLS: 1st – 2nd grade

Saturday mornings: 10:00-11:00 AM
WILDWOOD GYM

December 10, 2011 through Feb. 18, 2012
\$50.00/Child

This is **instructional only**. The clinic will concentrate on dribbling, passing, shooting, rebounding, sportsmanship and rules of the game.

Questions: please contact BRIAN HANN, Hannba@hotmail.com

ADDITIONAL VOLUNTEERS NEEDED!

Name _____ grade to coach _____ phone# _____

Fill out this form to register with checks payable to Mountain Lakes Recreation and return to Celia Flynn, Mountain Lakes Recreation, 400 Boulevard, Mountain Lakes, NJ 07046.

Player's Name _____ Age ____ Grade ____

Address _____ Phone: _____

_____ Cell: _____

Parents' Names: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Medical Considerations: (use back of form as needed)

Is your child restricted from playing basketball in any way? No Yes -Explain

In the last 12 months has your child had any serious injury or illness? No Yes -Explain

Is your child allergic to any foods or medications? No Yes -Explain

I, the parent/guardian of the above named player, hereby give my approval for his/her participation in all Recreational Basketball League activities and assume all risks and hazards incidental to such participation, including medical treatment and hereby agree to waive, release, indemnify and to hold harmless the town Mountain Lakes, and Mountain Lakes Recreation Committee members, League coaches, participating schools and employees and other participants from liability, damage or claim, whether the result of negligence or other cause which may occur in the course of, prior to the start of, or after the facilitation of the above program.

Parent/Guardian Signature: _____ Date _____