

# **SPRING 2 DAY BASKETBALL CLINIC**

April 6th and 7th

9:00am - 12:00pm (Check-in begins at 8:30am)

Boys & Girls Grades: 2<sup>nd</sup> – 8<sup>th</sup>

### **CAMP FEATURES**

Daily Teaching Stations
Fundamentals of Basketball
Controlled Games
Grouped by Grade/Skill Level

### **Camp Directors**

Adam Facendola - Adam.facendola@riverdell.org

#### Location

River Dell High School Main Gymnasium

Registration Fee: \$90 (Walk Ups Welcome)

Checks Payable: RDBBBA

Mail To:

River Dell Middle School Attn: Adam Facendola 230 Woodland Avenue River Edge, NJ 070661

#### Consent and Waiver:

In consideration of acceptance of my child in the Basketball Camp outlined above, I hereby for myself, my child, their heirs, executors and administrators waive and release any claim we have for damages against River Dell Basketball Coaches, their officials, officers, employees or representatives, or their successors or assigns form any and all injuries, that may be suffered by my child while or as a result of participating in the above said program. I certify that I am the parent/guardian of and I am over the age of 18. Please Sign Below

## **Registration Form**

Name:	
Age/Grade:	
Elementary School:	
Parent/Guardian:	
Email Address:	
Home Address	
Emergency Contact Phone Number	

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