



# RIVER DELL BASKETBALL



## FALL 2 DAY BASKETBALL CLINIC

**November 7<sup>th</sup> - 8<sup>th</sup>**

9:00am – 12:00pm

(Check-in begins at 8:30am)

Boys & Girls Grades: 3<sup>rd</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](mailto:Adam.facendola@riverdell.org)

Ron Van Saders - [Ronald.vansaders@riverdell.org](mailto:Ronald.vansaders@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

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### ***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 from 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

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### **Registration Form**

Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

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