



Bedminster Township Recreation
Girls & Boys
Pre-Season Basketball Clinic
with Dave Boff
from “*Train to be Elite Basketball*”

(Girls & Boys ages 8-14)

Start your basketball season off on the right foot with acclaimed coach Dave Boff of Roselle Catholic, and his “*Train to be Elite Basketball*” staff--also from Roselle Catholic! Head Coach Dave Boff, guided Roselle Catholic High School boy’s basketball team to three (3) consecutive State Championships and the 2013 Tournament of Champions Title, and has been recognized as the NJ State Coach of the Year by USA Today. Roselle Catholic is one of the premier high school programs in the country and their coaches are skilled in training beginners and elite basketball players.

Coach Boff’s clinics will focus on “offensive skills” and “shooting”. Two (2) sessions will be offered at the Bedminster School Gym on Saturday, November 5 & 19 from 10 a.m. to 12 noon. Each session is \$40 or you can attend both sessions for \$60.

Session	Date(s)	Day	Time	Fee
A	November 5	Saturday	10 am - 12 noon	\$40
B	November 19	Saturday	10 am - 12 noon	\$40
C	November 5 & 19	Saturdays	10 am - 12 noon	\$60

Return registration form with check payable to “Bedminster Recreation” or register online with credit card by Wednesday, November 2, 2016!



Bedminster Township Recreation Department
One Miller Lane, Bedminster, NJ 07921
Telephone: (908) 212-7014
Fax (908) 212-7001
www.bedminster.us



REGISTRATION FORM ATTACHED



Bedminster Township Recreation

Girls & Boys Pre-Season Basketball Clinic with Dave Boff

Registration (One Form Per Child)

Name _____ Grade _____ Age as of 11/5/16 _____ M _____ F _____

Mailing Address _____

Email Address (REQUIRED) _____ Telephone _____

Emergency Contact Name _____ Telephone _____

1. Hold Harmless (Parent or Guardian Signature Required)

As the parent or legal guardian of a participant in the Bedminster Township Recreation Program, I acknowledge this to be a voluntary activity. I acknowledge that there are certain risks inherent in my child's participation in this activity, and I agree to accept all of the consequences and assume the risks involved in my child's participation. I understand and acknowledge that Bedminster Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bedminster Township from any and all liability for any and all injuries my child may sustain as a result of my child's participation in this activity.

Signature of Parent/Guardian _____ Date _____

2. Allergies/Medications/Special Needs/Accommodations

- **Allergies/Medical Conditions** - Does your child have asthma, allergies, disabilities (neurological conditions, physical) or any other medical conditions we should know about in order to be able to assist your child? _____
- **Epinephrine Auto-Injectors** - ____ (✓) Check here if your child requires the use of an epinephrine auto-injector device
- **Medications** Is your child on medication during the program and is he/she able to self medicate? Please explain and list medications needed during program hours or in the event an emergency presents itself. _____
- **Special Needs/Accommodations** - We welcome individuals with disabilities to participate in all recreation programs and activities. In accordance with the Americans with Disabilities Act (ADA) please describe below any accommodations needed for you or your child's enjoyment of this program. A staff member will contact you for more information. _____

3. Photo Release(Parent or Guardian Signature Required)

_____ I GRANT PERMISSION _____ I DO NOT GRANT PERMISSION to the Township of Bedminster and/or the Media to photograph my child while participating in Township recreation programs or functions my child is participating in for publicity and/or promotional purposes.

Signature of Parent/Guardian _____ Date _____

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