



## WINTER BASKETBALL CLINICS

JAN. 19 – MARCH 15, 2012

(No class Feb. 23<sup>rd</sup>)

### LITTLE FALLS RECREATION CENTER

#### SKILL & DEVELOPMENT BASKETBALL CLINIC

Quality instruction:  
-Fundamentals & Practice Drills  
-Proper Techniques  
-Game Situations & Scrimmages

Ages: 7 – 11  
Day: Thursday  
Time: 4:00 pm – 5:00 pm  
Fee: \$120 (8-week program)

BOYS  
&  
GIRLS

#### ELITE SKILLS CLINIC Experienced Players Only

Intense training stressing:  
-Basketball Fundamentals  
-Speed & Agility  
-Conditioning

Ages: 11 & older  
Day: Thursday  
Time: 5:00 pm – 6:00 pm  
Fee: \$120 (8-week program)

Send registration with payment to: New Jersey Basketball Academy  
18 Cliff Street  
Verona, NJ 07044

Make all checks payable to: New Jersey Basketball Academy

For more information contact NJ Basketball Academy: (973) 571-0864  
[www.njbasketballacademy.com](http://www.njbasketballacademy.com)

-----*Please detach and return*-----

CLASS TIME: (Please circle class) Thursday Skills Class 4-5 pm Elite Clinic 5-6 pm  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I hereby request that my child be admitted to the New Jersey Basketball Academy Clinics and authorize the directors or any member of his staff to act for me according to their best judgment if any emergency requiring medical attention for which I will pay all costs. I hereby release and discharge Little Falls Recreation, New Jersey Basketball Academy, LLC, camp staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my child's participation in the clinic. This camper is physically fit to participate in all activities.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_