

Triple Threat Basketball 2015 Pre-Season Offensive Clinic

The Bridgewater Recreation Department along with Bridgewater-Raritan High School **Varsity Girls Head Basketball Coach Dorcas Miller** and her staff will demonstrate the basic fundamental skills that are needed to be a well rounded offensive basketball player. We will review several ball handling drills and fundamentals including:

- two-ball dribbling
- shooting and passing
- free throws
- offensive drills



So come out and enhance your skills by learning how to shoot, pass and dribble at Coach Miller's Triple Threat Pre-Season Clinic!

"You don't play against opponents. You play against the game of basketball" - Bobby Knight

For Bridgewater-Raritan girls and boys grades 1 to 8 (2015-2016 school year).

Grades 1 to 4 = Mondays, October 5, 12, 19, 26, 2015 from 6:00-7:15 p.m.

Grades 5 to 8 = Wednesdays, October 7, 14, 21, 28, 2015 from 6:00-7:30 p.m.

Location: Eisenhower Intermediate School (Steeplechase Lane)

Cost \$60.00 payable to "Dorcas Miller" if received by 5 p.m. on 9/30/15. No cash payments will be accepted. **Registration Deadline: Wednesday, September 30, 2015.** No forms will be accepted at the Recreation Department after the deadline. On-site registration may be accepted at a fee of \$65.00 subject to availability.

Note - no refunds after the start of the program.

Space is limited; registration based on first come, first served at the Bridgewater Recreation Department. Three ways to register! In person at the Bridgewater Recreation Department (Municipal Complex 100 Commons Way) office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday. Drop registration off in the Recreation mail slot located on Municipal grounds before or after office hours or via postal service.

Bridgewater Recreation Department 100 Commons Way - Bridgewater, NJ 08807 908-725-6373

2015 Triple Threat Basketball Clinic

*\$60.00 Bridgewater-Raritan Residents - Checks payable to "Dorcas Miller."
\$65.00 on-site registration if available*

		Male / Female	
Participants Last Name	First Name	Circle	Gender
Mailing Address		Town	State Zip
Home #	Work #	Cell #	
Parent Email Address (<i>print legibly</i>) *Program info sent via email*		1	2 3 4 5 6 7 8
		Circle Grade (15-16 school year)	

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.
 Yes, I will need to be notified regarding special considerations for my child.

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

____/____/____
Date