



2016 Post-Season Basketball Clinic (3rd to 8th grades)

www.bridgewateraritanbasketballcamp.com

We hope you had a constructive experience playing Basketball this winter! Are you interested in improving your skills in the off season so that you can make a greater impact next year? Sign up and get exposure to specific drills and agility workouts designed to help the individual player progress on your own in the off-season.

The Bridgewater Recreation Department along with Bridgewater-Raritan High School Varsity Head Basketball **Coach Gene McAteer** and his staff will provide training on offensive improvement, special agility drills and suggestions to get the most out of your practice time in the off-season. You don't need to spend hours & hours working on your game – learn to practice more proficiently!

Bridgewater-Raritan boys and girls grades 3rd to 8th (2015-16 school year)

Boys and girls will play together. Three separate age groups are anticipated. (3&4, 5&6, 7&8)

Dates - Wednesdays, April 27, May 4, 11, 18, 25, 2016 from 7:00-8:30pm.

Location – Bridgewater-Raritan High School

Registration Deadline* – Thursday, April 21, 2016 by 5 p.m.

*Please note that registrations will not be accepted at the Bridgewater Recreation Department after 5 p.m. on 4/21/16.

Cost - \$70.00 payable to “Gene McAteer Basketball Camps Inc.”

Late registrations may be accepted on-site subject to availability. On-site registration cost is \$75.00.

Registration - 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 “REC” mail slot located at Municipal employee entrance before or after office hours or via postal service.

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

Post Season Basketball Training 2016

\$70.00 checks payable to “Gene McAteer Basketball Camps Inc.”
\$75.00 on-site (subject to availability)

Participants Last Name	First Name	Male or Female	
		Circle Gender	
Mailing Address	Town	State	Zip
Home #	Work #	Cell #	
Parent Email Address (<i>print legibly</i>)	Circle Grade (2015-16 school year)		
	3	4	5 6 7 8

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

