



The goal for all of our members participating in our basketball clinics is to achieve individual skill development, increase player knowledge of the game, and to have fun playing regardless of skill level!

#### Clinic Staff

The NWNJ Wayne Unit Clinic will be directed by Ken Ferrare- Owner of Drills, Skills and Thrills Basketball. This will begin the 16th year of Ken directing basketball programs for the Boys Club. The DST staff consists of enthusiastic college and high schools basketball players and coaches that share the same vision of teaching fundamental basketball skills in a fun, all inclusive, and safe setting. This clinic will be a great way to have fun and train for the upcoming recreation and/or travel basketball season.

Mondays- Sept. 17, 24 Oct. 1, 8, 15, 22, 29

Grades K-3 meet 6pm to 7:30pm

Grades 4-8 meet 7:30pm to 9pm

All clinics are held at the Boys & Girls Club of Wayne

**Registration Deadline: August 31, 2018. Fee: \$145**

**(All fees are non-refundable)**



Please make check payable to:  
Boys & Girls Club of Wayne  
153 Garside Avenue  
Wayne, NJ 07470  
[www.bgcwnj.org](http://www.bgcwnj.org)  
(Not a school sponsored event)





Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade as of 18': \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone & Contact: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Where did you receive this flyer? \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Work E-mail \_\_\_\_\_  
Business Name/Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work E-mail \_\_\_\_\_  
Business Name/Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Does your child have any impairment? \_\_\_\_\_

I hereby give consent for my child to participate in the Boys & Girls Clubs of NWNJ Fall Basketball Clinic Program. I assume all risk in regard to participation in this and any other Boys & Girls Clubs of NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Clubs of NWNJ, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Clubs of NWNJ activities. I further confirm that I have read and will abide by the Athletic Code of Conduct available to view at [www.bgcwnj.org](http://www.bgcwnj.org).

By my signature, I attest to the following:

- That the above information is correct.

That in the event of a medical emergency, I authorize the Boys & Girls Clubs of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)