

CLOSTER RECREATION COMMISSION

Jim Oettinger, Director closterrecjim@aol.com



Challenger “Differently-Abled” BASKETBALL

Sponsored by
Closter Recreation
& The Bergen County Charity Classic

WINTER 2019

The Challenger Basketball Program for Differently-Abled children, sponsored by Closter Recreation and The Bergen County Charity Classic, is scheduled to begin on Sunday, January 6, 2019.

The Basketball Program will begin with the first half of the hour in a clinic-type practice, aimed at developing the skills of the players. Players have the option of playing a basketball game in the second half of the hour or continuing with the drills while engaging with student volunteers. NO sports experience is required! This program is open to the children with special needs between the ages of 4 and up.

Dates: Sundays, Jan 6, 13, 20, 27, Feb 3, 10, 24, Mar 3, 10, 17, 24
(No program on Feb 17)

Ages 4 ~ 11: Location – Hillside Elementary School Gym, Closter
Time – 12 noon to 1pm

Ages 12 & up: Location – Tenakill Middle School Gym, Closter
Time – 12:30pm to 1:30pm

Fee: \$30

Registration is due by December 31, 2018

Register online at www.Closterrec.com

or

Mail in form and check payable to “Closter Recreation”:

295 Closter Dock Road

Closter, NJ 0762

Attention: Maria Passafaro

CLOSTER REC's *Differently-Abled* Basketball Program - 2019

PLEASE PRINT ALL INFORMATION

PLAYER'S NAME _____ / _____ Age _____ DOB _____ / _____ / _____
(last name) (first name) M/D/Yr

ADDRESS _____ TOWN _____ ZIP CODE _____

BOY _____ GIRL _____ SCHOOL _____ GRADE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

FATHER'S NAME _____ MOTHER'S NAME _____

T-SHIRT SIZE _____ (YS, YM, YL, AS, AM, AL, AXL, AXXL)

Name on Jersey _____ (First name only – please print)

STATEMENT OF RISK

We are aware that all athletic activity involves potential for injury. We acknowledge that even with the best coaching, use of good protective equipment and the strict observance of rules, injuries are still a possibility and on a rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. We acknowledge that we have read and understand this warning and will not hold Closter Recreation, Closter Elks, volunteers, coaches, the Borough of Closter, or any other assistant associated with this program liable for any type of injury.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name: _____ (please print)

Comments: (Your child's special needs or special situation that will assist coaches)

<p>CHALLENGER Basketball Registration Fee: \$30</p>
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