

# **CLOSTER RECREATION COMMISSION**

*Jim Oettinger, Director* [closterrecjim@aol.com](mailto:closterrecjim@aol.com)



## **Challenger “Differently-Abled” BASKETBALL**

Sponsored by  
Closter Recreation

### **WINTER 2020**

Closter Recreation’s Challenger Basketball Program for Differently-Abled children, is scheduled to begin on Sunday, January 5, 2020.

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 5, 12, 19, 26, Feb 2, 9, 23, Mar 1, 8, 15, 22**  
(No program on Feb 16)

**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 21, 2019**

Register online at [www.Closterrec.com](http://www.Closterrec.com)

or

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

295 Closter Dock Road

Closter, NJ 0762

Attention: Maria Passafaro

**CLOSTER RECREATION**  
**Challenger Basketball Registration Mail-In Form**

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

BOY \_\_\_ GIRL \_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

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

Name on Jersey \_\_\_\_\_ (First name only – please print)

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHALLENGER**  
**Basketball**  
**Registration Fee:**  
**\$30**

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Closter, NJ 07624  
Attn: Maria Passafaro