



SPRINGFIELD RECREATION YOUTH BASKETBALL



CLINIC PLAY 2017 Pre-K – 2nd Grades



Springfield Recreation Youth Basketball is comprised of programs for all children from Pre-K through 8th grades, and consists of clinic play for our younger children (Pre-K-2nd grades), recreation teams (3rd-8th grades), and travel teams (4th-8th grades).

You are registering your child for CLINIC PLAY, a series of weekly Sunday clinics that are open to children in Springfield schools in Pre-K, K, 1st, and 2nd grades to teach skills, bring awareness, and to have fun through the game of basketball. Pre-K clinics include some non-basketball skills.

Clinic Play: Clinics are held on Sundays from January 8, 2017, to March 5, 2017, in the Boys Gym at FMG Middle School. Clinics are not held on January 15th, and February 19th. The clinic schedule includes one extra day in case of snow. There will be no make-up dates.

A maximum of 30 players will be allowed in each Clinic Play group. Clinic Play groups are:

Pre-K @ 10:00-10:45 am K @ 10:50-11:35 am Girls 1st-2nd Grade @ 11:40 am-12:40 pm
Boys 1st Grade @ 12:45-1:45 pm Boys 2nd Grade @ 1:50-2:50 pm

Fees:

- \$60 payable to Township of Springfield
- **1st & 2nd graders must also submit an additional check payment of \$20 payable to Springfield Basketball Association.** This payment must be dropped off or mailed to the Springfield Recreation Department at Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081.
- Fees include: t-shirt (Pre-K-K), jersey (1st-2nd), junior basketball (distributed on last day), coaching instruction

Three ways to register. See reverse for registration form. \$3 convenience fee per transaction is charged when using a credit card.

- 1) **Online with a credit card:** <https://register.communitypass.net/Springfield>
- 2) **In person with a credit card, cash, check, or money order:** Springfield Recreation Department, Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081
- 3) **By mail with a check or money order:** Springfield Recreation Department, Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081

Registration Deadline: MONDAY, OCTOBER 31, 2016 (or until each time slot fills up)

Registrations after this date will be accepted on a rolling basis, based on availability. Registrations beyond 30 children per Clinic Play group will be placed on a waiting list, and considered should space become available. If you missed the deadline, have any questions, or need more information, please contact the Springfield Recreation Department at (973) 912-2227 or recreation@springfield-nj.us. Once the program begins, no refunds are issued.

OVER



**SPRINGFIELD RECREATION DEPARTMENT
BASKETBALL CLINIC PLAY 2017
REGISTRATION FORM**



(please print legibly)

Player Name _____ School _____

Date of Birth _____ Age (as of January 2017) _____ Grade _____ Sex _____

Shirt Size (please circle) Youth XS S M L Adult S M L XL

Street Address _____ Town _____

Home Phone _____

Parent Name _____ Cell _____ Email _____

Parent Name _____ Cell _____ Email _____

Health Concerns/Physical Limitations/Allergies/Inhaler/Epi-Pen/Glucagon _____

Emergency Contact Name _____ Phone # _____

My child has been examined by a physician and, to the best of our knowledge, is physically fit to participate in this recreation program. Permission is hereby granted to engage in this activity. The Township of Springfield, employees, volunteers, coaches, or the Springfield Basketball Association will not be liable for any injury incurred from practices or games. I give permission for my child's photograph to be taken and used for any type of publications for local newspapers and/or Township of Springfield publications in print or online. I understand that all persons (players, coaches, officials, parents, spectators) attending a sports event for all Springfield recreation programs must comply with the NJ law P.L 2002, Chapter 74-C.5:17, Code of Conduct Policy. Supervisors of all recreation programs may ban the presence of any person who fails to comply with the code, and violators may also be banned from subsequent sports events. Designated supervisors may also call for police assistance if needed. All persons are encouraged to refrain from engaging in verbal or physical threats or abuse aimed at any player, coach, official, parent, and/or spectator and also must refrain from initiating any fight or scuffle with any person. All persons are encouraged to refrain from taunting and/or using profane language or gestures. All persons are encouraged to practice good sportsmanship, including cheering for your team and respecting the efforts of opponents.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Please make sure that two separate forms of payment are included:

- \$60 – make check payable to Township of Springfield or pay online at <https://register.communitypass.net/Springfield> (\$3 convenience fee charged per transaction when using a credit card)
- **1st-2nd graders only:** \$20 – make check payable to Springfield Basketball Association