



**MAYOR DWAYNE D. WARREN, ESQ.**  
& THE ORANGE MUNICIPAL COUNCIL  
**MOVING ORANGE FORWARD**

THE CITY OF ORANGE DIVISION OF RECREATION AND THE ORANGE BOARD OF EDUCATION

# **SKILLS+DRILLS**

## **BASKETBALL CLINIC**

**FOR BOYS & GIRLS**  
**Grades 1st to 6th**

There will be three sessions  
1st -2nd 9:00-9:45am • 3rd - 4th 10:00 - 10:45am  
5th -6th 11:00am -11:45am

No drop off and pickup of participants in 1st thru 4th grades (parents must remain at session)



# **SATURDAYS**

**December 1, 2018 - January 19, 2019**

**9:00 am - 12:00 noon**

**Park Avenue School**

**231 Park Ave, Orange NJ**

**\$25**

**Money Orders and Checks made payable to the City of Orange**

**For more information, please call 973-266-4045**

For information and update on this event and other activities in Orange, Please visit us online at [www.ci.orange.nj.us](http://www.ci.orange.nj.us) - and like us on Facebook: [www.facebook.com/orange.jersey](http://www.facebook.com/orange.jersey)

**City of Orange Division of Recreation and Board of Education  
Saturday Skills and Drills Basketball Clinic**

Player Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Data Entry Purpose only)

Address: \_\_\_\_\_ Apt/FI \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age \_\_\_\_\_

School: \_\_\_\_\_ Gender  M  F

Please indicate Youth Shirt Sizes \_\_\_\_\_ \$25.00 Residents \_\_\_\_\_ \$40 Non Residents

*Refund Policy: Fees are non-refundable after the Program/Season begins, This program is for Orange Residents; all Non-Residents must pay additional fees if slots are available.*

**PLEASE CHECK THE CLINIC LEVEL YOU ARE ELIGIBLE TO PARTICIPATE IN**

Please check grade level      1<sup>st</sup>-2<sup>nd</sup> \_\_\_\_\_      3<sup>rd</sup>-4<sup>th</sup> \_\_\_\_\_      5<sup>th</sup>-6<sup>th</sup> \_\_\_\_\_

**(PLEASE PRINT)      PARENT OR GUARDIAN      (PLEASE PRINT)**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Data Entry Purpose only)

E-mail Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**EMERGENCY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**PLEASE READ CAREFULLY**

I, the parent/guardian of the above name registrant, hereby give my approval for the registrant to participate in any City of Orange Division of Recreation Activities and understand as a parent I must abide by the rules and regulations set forth.

All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township, and the Orange Board of Education against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities.

I grant permission for my child photo or video recording to be used in promotional materials, such as brochures, newsletters and video programs

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_



**THE CITY OF ORANGE – ORANGE RECREATION  
PHYSICAL EXAMINATION**

Please circle the sport the student is interested in participating in Orange Recreation:

*Football Basketball Baseball Track/Field Soccer Cheerleading Summer Camp*

Name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_

Findings:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Concussion Base Line \_\_\_\_\_

Significant illness or injury since last physical examination (Please include dates)

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

Current Medications

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

Limitations

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

Please be advised this student is in good health. He/she may participate in all physical and athletic activities. Limitations are listed

School Nurse or Physician Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

PHYSICIANS: PLEASE USE YOUR STAMP AFTER SIGNING

**Anyone that does not have Medical Insurance a family doctor or maybe experiencing financial hardship can visit the Orange Community Health Center, located at 37 North Day Street, Orange NJ (Next to City Hall) Call 1-800-994-6242 to make an appointment.**