



Montville Recreation Department's **BASKETBALL** **CLINIC**



WHO: Grades K-4 (Boys & Girls)

WHAT: This clinic will focus on teaching the fundamentals of the great game of basketball. Speed and agility training will be a strong emphasis of this program. AT DST we emphasize fun, full participation and safety in all that we do. This training will make each child a better basketball player and overall athlete.

WHERE: Montville Community Park Outdoor Basketball Courts # 1 & 2, 130 Change Bridge Road in Montville

WHEN: Wednesdays: September 20, 27, October 4, 11, 18 & 25 from 4:00pm to 5:00pm.
Note: November 1st will be added on as a raindate if needed.

INSTRUCTOR: Ken Ferrare and the DST staff will lead the program.

FEE: \$120.00 per person for the 6 (six) week program.
NOTE: *There will be a \$20.00 processing fee for program refunds PRIOR to program start!*

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

1. In Person at Rec Desk Kiosk during office hours of Monday through Friday: 8:30am to 4:30pm.
(Check, Cash with No Fees and/or Credit Card with a 3% Fee)
2. On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)

OR 3. Payment Drop Box in Municipal Building's Parking Lot (Check Only....must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>
To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



BASKETBALL CLINIC by Coach Ferrare — Fall 2023

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Phone # _____

Secondary Contact Name/Relation/Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this class.
I understand that the Recreation Department **DOES NOT** provide accident insurance.
I have read and agreed to all Covid 19 Protocols and signed Waiver of Liability relating to.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (8/17/23): Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **Program # 914**

Waiver of Liability Relating to Coronavirus/COVID-19 for Participant

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It is reported to be extremely contagious, with no known treatments, cure or vaccine. COVID-19 is believed to spread mainly from person-to-person contact, however the exact methods of spread and contractions are still unknown. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Montville Township Recreation has put in place preventative measures that abide by the New Jersey State Department of Health Guidelines to reduce the spread of COVID-19; however Montville Township Recreation cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while participating in recreation sponsored programs or events. It is not possible to prevent against the presence of the disease. Therefore, if you or your child choose to participate in any programs or events you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child in order to participate in a recreation sponsored program or event. These services are of such value to me and my child that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in programs or events sponsored by the Montville Township Recreation Department.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Township of Montville, its departments, agencies, boards, commissions, officers, officials, agents, servants, administrators, and employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to (as a result of participating in a recreation sponsored program/event). I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of New Jersey will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of _____, minor under the age of 18. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed _____