

DOBBS FERRY RECREATION

# WINTER BASKETBALL CLINIC

Don't dribble past your chance to have fun & join us for the winter basketball clinic!

**1<sup>ST</sup> & 2<sup>ND</sup>  
GRADERS**

**DF MIDDLE SCHOOL GYM**

**SESSION 1: 9:00-10:00AM**

**SESSION 2: 10:00-11:00AM**

**SATURDAYS**

**(8 WEEKS)**

**January: 6, 20, 27**

**February: 3, 10, 17**

**March: 3, 10**

**\$75.00 PER CHILD**

REGISTRATION FORMS AVAILABLE AT [WWW.DOBBSFERRY.COM/RECREATION](http://WWW.DOBBSFERRY.COM/RECREATION)

FOR MORE INFORMATION: [KGARRISON@DOBBSFERRY.COM](mailto:KGARRISON@DOBBSFERRY.COM)/693-0024



**Village of Dobbs Ferry**  
**YOUTH BASKETBALL PROGRAM**  
**Registration Form**

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ Village: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency #: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt size (please circle one): **YM YL AS AM AL**

League (please circle one): **Saturday Clinic Rivertowns League Greenburgh League**

E-mail address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please list any other basketball league your child participates in during the winter (i.e. CYO, AAU, ect.): \_\_\_\_\_

**Please list any allergies or medical conditions that we may need to know about:**

\_\_\_\_\_

**VOLUNTEER COACHES NEEDED!**

If interested please complete- Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please make checks payable to: Village of Dobbs Ferry**

**Please note: No refunds unless program is canceled due to insufficient enrollment.**

Parent hold harmless release for all recreation programs participants under 21 years of age. We, the parent(s) of \_\_\_\_\_ hereby give our approval to his/her participation in any and all activities conducted as part of this program by the recreation department of the Village of Dobbs Ferry, NY. We assume all risks and hazards incidental to such participation including transportation to and from such activities and we hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Dobbs Ferry any sponsors, supervisors, participants, corporation owners of any premises involved in conducting the activities, from and against any and all claims and/ or causes of action arising out of any injury to our child.

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_