



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



NOTHING BUT NET

Basketball Clinic

Fine tune your basketball skills in this fun and exciting **6-week** clinic. This clinic is designed for beginner/intermediate players and will teach the basics of basketball with drills, group games and scrimmages. Players that demonstrate a more developed level of basketball will progress using more advanced drills and skill building games. Scrimmages/games at the end of each session.

Saturdays

Nov. 12, 19, 26; Dec. 3, 10, 17

Kindergarten-1st grade 10:00-11:00am

Grades 2-4 11:00-12:00pm

Grades 5-6 12:00-1:00pm

Grades 7-8 1:00-2:00pm

Fee: \$35

To register call the Recreation Center, 973 533 1914.



HALEDON YMCA
83 Roe Street
Haledon, NJ
973 533 1914



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BUILDING FUTURE STARS!

HALEDON RECREATION BASKETBALL LEAGUE

Join our NEW! Recreation Basketball League. Our league has a no cut policy. Any child that makes an effort to play will make the team. All players play at least half of the game. All games will take place at the Haledon Recreation Center. Parents are needed to serve as coaches. The league uses 28.5 basketball for K-4th, and 29.5 for grades 5-8.

Grades: Kindergarten-8th grade

Each team will also play 8 games on Saturdays -January 7,14,21,28; February 4,11,18, 25th. Playoffs will follow the conclusion of the regular season. A champion will be crowned. The 5-on-5 game consists of two-20 minute halves, with a 2-minute halftime. The clock will run continuously, stopping every 5 minutes for substitutions. Equal playing time is encouraged in the Rec League.

Fee: \$50



What's Next for Players?

Registration paperwork can be picked up at the Haledon Rec Center and returned to the Rec Center once complete.

December 16th- Player Evaluation

January 7th- Games begin

For more information contact Haledon Recreation at haledon@metroymcas.org or call 973 533 1914.

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How did you hear about the Soccer Program?

- School
- Coach
- Municipal Building
- Classmate
- Previous Participant
- Facebook
- Website
- Other _____

HALEDON SPORTS REGISTRATION FORM

83 Roe Street, Haledon, NJ 07508

<input type="checkbox"/> Soccer League	<input type="checkbox"/> Basketball League	<input type="checkbox"/> Baseball	<input type="checkbox"/> Soccer Clinic	<input type="checkbox"/> Basketball Clinic
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Player Last Name: _____ Player First Name: _____

Birth Date: ___/___/___ Circle one: M F Grade: _____ Age: _____ Shirt Size: _____

Home Address: _____ Apartment/#: _____ School: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Email Address: _____

Parent/Guardian: _____ Cell Phone: (____) _____

Parent/Guardian: _____ Cell Phone: (____) _____

Emergency Contact (we will only contact this person if unable to reach parent/guardian):

Name: _____ Relation: _____ Phone #: (____) _____

Please rate your child's ability

3	2	1
Exceptional	Average	Beginner

The above applicant is in good physical and mental condition and request enrollment in the following program:

I/We, the parents or guardians of the above mentioned child hereby give my/our approval to his participation in the above checked program. I/We assume all risks and hazards incident to such participation. I/We are fully responsible for transporting the above mentioned child to and from activities, games and practices. I/We realize there is risk of injury to children playing/participating in Haledon/Wayne YMCA activities/sports, and I/we do hereby release, absolve, indemnify and agree to hold harmless the Haledon Recreation Center/Wayne YMCA League directors, coaches, officers, trustees, instructors, sponsors, commissioners, participants and/or supervising and/or coaching my/our child. I further grant Haledon Recreation/Wayne YMCA the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the program, including but not limited to Facebook post, marketing and updates.

Parent Signature

Date

Volunteer Coaches

On behalf of the Haledon Recreation Department/Wayne YMCA and all the players we serve, thank your for donating your valuable time to coach our children so they are able to develop a continued love of our game. IT is our sincere hope that your experience with the league will be a positive one and that the children you are working with will be benefited as well. Our greatest responsibility to the children we serve is their safety. To that end all coaches and assistant coaches are required to submit a background check. We ask that you comply with this request at your earliest convenience and thank you in advance for your cooperation.

Interested in Coaching? Print name: Head Coach _____ Assistant Coach _____

Email: _____ Phone number _____