



The goal for all of our members participating in our basketball clinics is to achieve individual skill development, increase player knowledge of the game, and to have fun playing regardless of skill level!

Clinic Staff

The NWNJ Wayne Unit Clinic will be directed by Ken Ferrare- Owner of Drills, Skills and Thrills Basketball. This will begin the 17th year of Ken directing basketball programs for the Boys Club. The DST staff consists of enthusiastic college and high schools basketball players and coaches that share the same vision of teaching fundamental basketball skills in a fun, all inclusive, and safe setting. This clinic will be a great way to have fun and train for the upcoming recreation and/or travel basketball season.

Mondays- Sept. 16, 23, 30. Oct. 7, 14, 21, 28

Grades K-3 meet 6pm to 7:30pm

Grades 4-8 meet 7:30pm to 9pm

All clinics are held at the Boys & Girls Club of Wayne

Registration Deadline: August 30, 2019. Fee: \$145

(All fees are non-refundable)



Please make check payable to:
Boys & Girls Club of Wayne
153 Garside Avenue
Wayne, NJ 07470
www.bgcwnj.org
(Not a school sponsored event)





Child's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Grade as of 19': _____
City: _____ State: _____ Zip: _____ Gender: _____
Home Phone: _____ Emergency Phone & Contact: _____
E-Mail Address: _____ T-Shirt Size: _____

Where did you receive this flyer? _____

Parent/Guardian Information:

Mother's Name: _____ Work E-mail _____
Business Name/Address: _____
Business Phone: _____

Father's Name: _____ Work E-mail _____
Business Name/Address: _____
Business Phone: _____

Does your child have any impairment? _____

I hereby give consent for my child to participate in the Boys & Girls Clubs of NWNJ Fall Basketball Clinic Program. I assume all risk in regard to participation in this and any other Boys & Girls Clubs of NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Clubs of NWNJ, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Clubs of NWNJ activities. I further confirm that I have read and will abide by the Athletic Code of Conduct available to view at www.bgcwnj.org.

By my signature, I attest to the following:

- That the above information is correct.

That in the event of a medical emergency, I authorize the Boys & Girls Clubs of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.

(Signature of Parent or Guardian)

(Date)