



# Li'l Panthers

## BASKETBALL CLINIC!

Ages: 3 to 5

Drills and skills  
development



Games and relay  
races

activities to promote  
control & coordination



Who: Mike Paladino (Athletic Director) Adrian Polanco (Athletic Director)

Where: The "New Gym" at the Boys & Girls Clubs of Northwest New Jersey Wayne Unit

When: 6 Fridays; 10:30am or 1pm sessions

Registration Deadline: January 18, 2019

Start Date: January 25, 2019

Fee: \$80

Late Fee: \$5

**\*\*All correspondence will be sent by e-mail\*\***  
**REGISTER EARLY!! SPACE IS LIMITED!!**

No refunds/credit will be given after the regular registration period has ended.

Mail form and fee to:

Boys & Girls Clubs of Northwest New Jersey  
Wayne Unit  
153 Garside Ave.  
Wayne, NJ 07470  
(973) 956-0033

[www.bgcwnj.org](http://www.bgcwnj.org)

[www.facebook.com/bgcwnj](https://www.facebook.com/bgcwnj)

\*not a school sponsored activity\*

Boys & Girls Clubs of Northwest New Jersey  
Wayne Unit  
2019 Friday Li'l Panthers Basketball Clinic

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone & Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

I would prefer the following session (circle one):    10:30am                    1:00pm

Where did you receive this flyer? \_\_\_\_\_

Parent/Guardian Information:

Mother's Name: \_\_\_\_\_  
Business Name/Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Business Name/Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Does your child have any impairment? \_\_\_\_\_  
\_\_\_\_\_

I hereby give consent for my child to participate in the Boys & Girls Clubs of NWNJ Pre-K Program. I assume all risk in regard to participation in this and any other Boys & Girls Clubs of NWNJ program 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.

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

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[www.facebook.com/bgcnwnj](http://www.facebook.com/bgcnwnj)