



**BOYS & GIRLS CLUB
OF WAYNE**



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!

Ken Ferrare

**Head Coach Morris Knolls High School
Founder - Drills, Skills & Thrills Basketball
2012 Daily Record Coach of the Year
2000 Express Times Coach of the Year**

STAFF

Ken Ferrare will direct and oversee the entire program. Ken has been directing the Boys and Girls Club Spring Basketball Clinic for the past 13 years. As the founder of Drills, Skills and Thrills Basketball Ken has been directing basketball camps and clinics throughout New Jersey for 20 years. Additional staff members will consist of enthusiastic and knowledgeable college and high school basketball players and coaches. Everyone of the coaches has a passion for working with kids and teaching the fundamentals of basketball.

PROGRAM FEATURES

K-3

- Learn basic basketball skills and fundamentals
- An emphasis on *fun and learning*
- All ability levels welcome
- Develop a love of the game
- Baskets will be lowered so players can experience success

4-8

- Full & half-court game scrimmages
- 3 full courts available
- Players grouped by age and ability level
- Learn proper offensive and defensive techniques
- Intense drill instruction
- All ability levels welcome

SATURDAYS

April 25, May 2, 9, 16, 30 and June 6 & 13

Grades K-3 9:00AM to 10:30AM

Grades 4-8 10:30AM to Noon

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

Registration Deadline: April 11, 2020

Fee: \$145 (All fees are non-refundable)

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



Boys & Girls Club of Wayne
Spring 2020 Basketball Clinic

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Grade: _____

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 Spring 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.

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)