

# MILLBURN TOWNSHIP RECREATION

## SPRING 2020 CRICKET CLINIC

Grades (4th-8th)

Boy's & Girls



**REGISTRATION DEADLINE: MARCH 6th**

**Sundays, April 19, 26    May 3, 10, 17, 31    June 7**

**4<sup>th</sup> & 5<sup>th</sup> grades Boys/Girls – 2:00pm to 3:15 pm**

**6<sup>th</sup> & 8<sup>th</sup> grades Boys Girls - 3:30pm to 4:45 pm**

Clinic will emphasize skill development including bowling, fielding and batting. Each day ends with small-sided games where the coaches encourage good sportsmanship and teamwork.

**CRICKET CLINIC held at Glenwood School Field**

Clinic conducted by staff of the US Sports Institute

All equipment is provided by clinicians

**FEE: \$110.00**

**REGISTER ONLINE** - For Online Recreation Registration [Click Here](#) or go to <http://register.communitypass.net/millburn>

You will be able to register your child for this program paying the **\$110.00 registration fee** using your credit card (Visa and MasterCard only). Please print registration form and keep for your information. You may choose to mail in your registration form to the Millburn Recreation Department, 375 Millburn Avenue, Millburn, NJ 07041. Registration is limited and is "First Come – First Serve" as program is limited to 24 per grouping. No registrations taken at the clinic.

**\*REFUND POLICY:** NO REFUNDS will be given once your child is registered for the program unless the refund is requested 30 days prior to the first meeting of the program. Refund processing fee of \$10.00 will apply. \_\_\_\_\_

**CRICKET CLINIC REGISTRATION FORM – 2020    PLEASE PRINT ALL INFORMATION NEATLY!**

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Elementary School District You Live In (i.e. "Wyoming") \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

Responsible Parent/Guardian's First & Last Name \_\_\_\_\_

Responsible Parent/Guardian's Phone # \_\_\_\_\_ and Email \_\_\_\_\_

Emergency Contact Name & Phone # \_\_\_\_\_

Does your child have any health conditions his/her instructor should know about? **Write N/A if no conditions exist.**

**Child Photo / Video / Release**

I grant permission for the Township of Millburn to use photograph(s)/moving image(s) of my child participating in township programs and/or activities for promotional purposes. I understand that photographs or recordings may be utilized by the township at its discretion for materials including, but not limited to: newsletters, brochures, television, video tape and flyers. Photographs sent to the local newspaper may have names noted. There will be no valuable consideration paid as a result of this activity. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to participate in this program and certify that he is in proper physical condition to participate in this program. I have read and understand the Parent Spectator Code of Conduct Pledge on the reverse side.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date