



**EAST HANOVER RECREATION BASKETBALL  
1ST & 2ND GRADE SKILL CLINIC  
BOYS & GIRLS**

The East Hanover Recreation Department will be offering a 8 week basketball skill clinic to be taught by NJ MAGIC BASKETBALL!

**Tuesday Evenings at Central School Gym  
January 4, 2022 to February 22, 2022  
6pm to 7pm 1st grade / 7pm to 8pm 2nd grade  
\$130.00 per person**

**Skill Clinic: Ball Handling / Passing  
Proper foot work / Jump stops & pivot  
Attacking the basket / Shooting**

Please visit [njmagicbasketball.com](http://njmagicbasketball.com) for more information on this group.

**\*\*Download the registration form from the East Hanover Township website and return with check or cash to the Recreation Dept. Monday through Friday from 8:30am to 4:00pm.**

**Class is limited!!**

**DEADLINE TO REGISTER IS 12/10/21**

A photograph showing a basketball in the foreground, a pair of glasses on a clipboard in the background, and a hand holding a pen.

**SKILL CLINIC**

**EAST HANOVER RECREATION DEPARTMENT**

**BASKETBALL SKILL CLINIC**

**NJ MAGIC BASKETBALL**

**1ST & 2ND GRADE BOYS AND GIRLS**

**1st grade--6pm to 7pm / 2nd grade-- 7pm to 8pm**

**Central School Gym**

**8 week program--1/4/22 to 2/22/22 / FEE: \$130.00per child**

**Checks payable to : Township of East Hanover**

**Registration will be open 11/8/21 to 12/10/21**

-----  
Players Name: \_\_\_\_\_ (circle) Boy / Girl Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ East Hanover

E-mail Address: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical problems to be aware of: \_\_\_\_\_

**Parental waiver & consent form: As the parent or legal guardian of the child named below, I hereby give my consent and approval for my child to participate in the E.H. Recreation Basketball Program. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Township of East Hanover, Recreation Department and staff of the NJ Magic for any injuries that may be suffered by my child in the normal course of participation in this program.**

\_\_\_\_\_  
(Parent/Guardian Name-Print)

\_\_\_\_\_  
(Parent/Guardian Signature & Date)