



# Pre-Season Basketball Warm Up 2015

The Bridgewater Recreation Department along with **Bridgewater-Raritan High School Boys Varsity Head Basketball Coach Gene McAteer** and his staff will provide training on offensive improvement ideas, game situations, and strategies that will enhance individual as well as team performance. Shooting, passing, catching, and ball handling skills will also be taught through fun activities.

**For Bridgewater-Raritan boys and girls in grades 1 to 8 (2015-2016 school year)**

**Grades 1<sup>st</sup> to 4<sup>th</sup>** = Tuesdays, October 6, 13, 20, 27, 2015 from 6:00-7:30pm

**Grades 5<sup>th</sup> to 8<sup>th</sup>** = Thursdays, October 8, 15, 22, 29, 2015 from 6:00-7:30pm

**Location:** Eisenhower Intermediate School (Steeplechase Lane)

**Cost:** \$60.00 payable to "Gene McAteer Basketball Camp Inc."

**Recreation Registration Deadline: Wednesday, September 30, 2015 @ 5 p.m.**

Late registrations may be accepted on-site subject to availability. Cost of late registrations is \$60.00

No cash payments will be accepted. Note - no refunds after the start of the program.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Complex 100 Commons Way) office hours 9am to 5pm Monday to Thursday 8am to 5pm Friday. Drop registration off in the Recreation mail slot located on the Garretson Road side of the Municipal Building before or after office hours or via postal service.

Bridgewater Recreation Department 100 Commons Way - Bridgewater, NJ 08807 908-725-6373

---

---

## 2015 Pre-Season Basketball Warm Up

\$60.00 Bridgewater-Raritan Residents

\$65.00 on-site if available

Checks payable to "Gene McAteer Basketball Camp Inc."

Male / Female

---

Participants Last Name	First Name	Circle Gender
------------------------	------------	---------------

---

Mailing Address	Town	State	Zip
-----------------	------	-------	-----

---

Home #	Work #	Cell #
--------	--------	--------

---

Parent Email Address ( <i>print legibly</i> ) *PROGRAM INFO SENT VIA EMAIL*	1	2	3	4	5	6	7	8
	Circle Grade (15-16 school year)							

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.  Yes, I will need to be notified regarding special considerations for my child.

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

