



## Otter Community Youth Pre-Season Basketball Clinic

The Brandon and Pittsford Recreation departments, along with Otter Valley High School, have teamed up to give our area youth the opportunity to develop their basketball skills in an instructive and developmentally appropriate forum. A four day pre-season clinic will help get area players in to shape for the winter season via station work and scrimmaging.

Where: Otter Valley Union High School Gym

**Who:**  $3^{rd} - 6^{th}$  Graders

**Cost:** \$44

When: November 3<sup>rd</sup>, 4<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup>

**Time:** 6:00 pm-8:00 pm

Signature of Parent/Legal Guardian



**Date** 

Register with your local recreation department by November 1st

## **Brandon Recreation Department**

Bill Moore, Recreation Director 802.247.3635 X213

bmoore@townofbrandon.com

MailDrop-off49 Center Street2417 Franklin St.

Brandon, VT 05733

## Pittsford Recreation Department

Randy Adams, Recreation Director 802.483.6500 X17

Recreation@pittsfordvermont.com

Mail Drop -off
POB 10 426 Plains Road
Pittsford, VT 05763

Player Name	Grade	Age	Shirt Size	
NAME of PARENT/LEGAL GUARDIAN:				
ADDRESS:	CITY:		STATE:	
HOME PHONE:	DAY/WORK	<b>(</b> :		
EMERGENCY CONTACT:		PHONE:		
ALLERGIES OR CONDITIONS	SHIRT SI	ZE:		
Release: I understand that there are risks of phys	sical injury inherent in participating i	n sports and recrea	ational activities. I here	eby release the
Towns of Brandon & Pittsford, The Otter Valley F	High School, its employees, and age	nts from any liabil	lity or personal injury,	or the loss or
damage to personal property which I or my child m	nay experience in connection with act	<u>tivities sponsored b</u>	y the Brandon & Pitts	ford Recreation
departments I hereby consent to any medical pro-	cedures deemed advisable for my cl	hild in the event I	cannot be reached an	d my child has
sustained an injury. I hereby consent to the use	e of my or my child's photo or vid	eo by the departi	ment for flyers or pre	sentation. The
department does not provide accident or hospit	alization insurance for participants	of its programs.	All participants are ad	dvised to have
adequate personal coverage. Please consider partic	ipant's own health, experience, and t	tolerance for risk b	efore participating in a	ny program.
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