

Otter Community Youth Summer Basketball Clinic

The Brandon & Pittsford Recreation departments along with Otter Valley have teamed up to give our area youth the opportunity to develop their basketball skills in an instructive and developmentally appropriate forum. This 4 day clinic will feature coaches will include: OV Varsity Coaches Steve Keith and Greg Hughes, Bill Crossmon, Shauna Lee, Randy Adams, Bill Moore and a few surprise guests!



Where: Otter Valley Union High School Gym
 Who: Boys and Girls Entering 3rd – 8th Grade
 Cost: \$44 (Includes camp t-shirt)
 When: July 27 - July 30 (Sun – Wed)
 Time: 5:30 pm-7:30 pm

TO REGISTER, PLEASE COMPLETE THE REGISTRATION FORM BY JULY 18 TH			
Brandon Recreation Department Bill Moore, Recreation Director 802.247.3635 X213 bmoore@townofbrandon.com		Pittsford Recreation Department Randy Adams, Recreation Director 802.483.6500 X17 Recreation@pittsfordvermont.com	
Mail	Drop-off	Mail	Drop -off
49 Center Street	1417 Franklin St.	POB 10	426 Plains Road
Brandon, VT 05733		Pittsford, VT 05763	
\$44.00 Registration Fee (includes a Camp T-shirt) Make Checks Payable to: Brandon Recreation or Pittsford Recreation			

Player Name _____ Grade _____ Age _____ Shirt Size _____

Please complete this registration return with payment to the Brandon or Pittsford Recreation Departments

NAME OF PARENT/LEGAL GUARDIAN: _____
 ADDRESS: _____ CITY: _____ STATE: _____
 HOME PHONE: _____ DAY/WORK: _____
 EMERGENCY CONTACT: _____ PHONE: _____
 ALLERGIES OR CONDITIONS _____ SHIRT SIZE: _____

Release: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release the Towns of Brandon & Pittsford, The Neshobe School and Lothrop School, its employees, and agents from any liability or personal injury, or the loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Brandon & Pittsford Recreation departments I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. I hereby consent to the use of my or my child's photo or video by the department for flyers or presentation. The department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

 Signature of Parent/Legal Guardian

 Date

Questions? Contact Randy Adams (483-6500 X17) or Bill Moore (247-3635 X213)