



MLK Day Youth Girls Basketball Clinic

\$30 per player

Monday, January 20th

5:00pm to 6:30 pm

HCRHS Field House

Join Hunterdon Central Head Coach Jim Casertano, his staff and the Lady Red Devil players for a fun-filled evening of skill work, drills and scrimmaging!

Participants receive a poster, tshirt & free admission to an upcoming game!

Register by January 15:

[online](#) or by mail (see form below) Mail Check, Zelle (NOTE: MLK) or Pay at door



Questions? Email us at HCLadyRedDevilsBBall@gmail.com

for girls in grades 1-8. Limited scholarships available.

If registering by mail, send this form with payment by **January 15** to:
HCRHS Girls Basketball Booster Club, 2 Messenger Lane, Ringoes NJ 08551

Player Name:	_____	Parent Name(s):	_____
Parent Email:	_____	Parent Phone:	_____
School:	_____	Grade:	_____
Emergency Contact:	_____	Phone:	_____

Player Waiver/Consent Form
for Hunterdon Central Basketball Clinic Program

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the Hunterdon Central/Horizon Clinic (January 20, 2025) Program.

I understand that there are certain risks of injury inherent in the play of basketball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in the Hunterdon Central/Horizon Clinic Program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition, to my full consent for my child's participation, I do waive, release and hold harmless the organization named below, officers, coaches, sponsors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Child's Name_DOB

Street Address

Town_State Zip_ Email

List any physical limitations (Allergies, Hearing, Sight, Etc.)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Hunterdon Central/Horizon Girls Basketball