



Montville Recreation Department's

BASKETBALL CLINIC

for IN-TOWN PLAYERS



WHO: Grades 1-8 (Male and Female)
* This Clinic is Geared for "In-Town" Basketball Players **NOT** Traveling Team Players!

WHAT: An opportunity to learn **BASIC** basketball skills and drills. This is a great way to get ready for the upcoming basketball season! Come prepared to play! Wear comfortable clothing, sneakers and bring a water bottle.

Please see attached safety protocols to help keep the clinic safe for everyone to enjoy!
Class Size Is Limited! First Come, First Serve!

* Masks are required to be worn during Check-In and Check-Out, but **NOT** during the program.

WHEN: Tuesdays: *October 6, 13, 20, 27 & November 3*

SESSION	WHO	HOURS
1	Gr. 1-5	*3:45pm to 5:00pm*
2	Gr. 6-8	*5:10pm to 6:20pm*



WHERE: Montville Community Park Outdoor Basketball Courts. *Dress for outdoor weather!*

INSTRUCTOR: Mr. Mergin Sina is an All-American player from the University of Rhode Island who has many years of professional experience playing in Europe. He has attended various NBA veterans camps and worked with some of the top basketball coaches in the country.

FEE: \$115.00 per person per 5 (five) week program.

NOTE: There will be a \$20.00 processing fee for program refunds **PRIOR** to program start!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

1. On-Line from Home (*Echeck with 1% Fee OR Credit Card with 3% Fee*)

OR 2. Payment Drop Box in Municipal Building's Parking Lot (*Check Only...must have family page set up on Community Pass*)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



BASKETBALL CLINIC - Fall 2020

****NOTE: You can register directly from home! No need to fill out paperwork!**

Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Cell Phone # _____

Secondary Contact Name/Relation/Cell Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

Please Circle Grade/Class Time: 1—Grades 1st-5th **OR** 2—Grades 6th-8th

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this class.
I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (8/26/20): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 914**

Carefully Read All of The Protocols & Requirements Listed Below to create a safe and fun experience for the kids!

Your child's safety and health is always our number one priority. Sending your child to a Recreation sponsored class is a personal choice in a very uncertain time. By following the recommendations of the New Jersey State Department of Health, and the CDC, we are working to keep risk as low as possible.

This program will be conducted outdoors and has been designed to keep children socially distanced any time they are not on the court participating in aerobic activity.

Covid-19 Waiver

Must be completed by all staff and parents/guardians of participants and or staff under the age of 18. You will be signing off on this waiver electronically during the registration process.

Health Questionnaire (See Attached)

This is required each day at check in. Your child will also be screened and temperature checked each day. Anyone showing symptoms or sharing a residence with others who are currently have symptoms of Covid-19 should not come to class and should follow the importance of staying home.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html>

Please see the Governor of New Jerseys 14-day quarantine travel advisory that applies to travel from the states listed at:

<https://covid19.nj.gov/faqs/nj-information/general-public/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>

Daily Temperature Checks

Daily temperature checks will be conducted on all staff and children at check in each morning, which will be recorded. Any staff member or child showing symptoms of COVID-19 including cough, shortness of breath, or a temp of 100.4 or higher will not be permitted to attend class.

If a Child/Staff has any symptoms

In the event that a participant or staff experiences any symptoms, they will be self-quarantined in a designated area, required to wear a mask, and a parent/guardian will be contacted and will be required to pick up their child immediately. The staff member will be required to leave immediately. Recommended guidance for community-related exposure, when a participant or staff member presents symptoms of COVID-19 & when they can return to their activity are based on the CDC guidance for community-related exposure.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

PPE/Masks for Staff and Participants

Staff and children are required to wear a mask during check in and check out times and whenever in a building and where social distancing cannot occur. Masks will not be on while children are on the court participating in aerobic activity. Social distancing will be maintained during each water break.

Sanitizing Measures

Hand Sanitizer will be available to all participants. Bathrooms will be limited to one participant at a time and cleaned frequently by staff hired solely for this purpose. Daily cleaning, sanitation, and disinfecting all equipment and areas will be completed throughout the day and at the end of each session.

WATER FOUNTAINS ARE CLOSED!!! PLEASE MAKE SURE TO BRING A COUPLE OF WATER BOTTLES IN A BACKPACK!

Signage

Poster and signage from the Centers for Disease Control and Prevention (CDC), and/or other accredited health agencies will be posted in appropriate places where intended audiences can be reached. Examples include: COVID-19 information; Handwashing; Cough etiquette; Symptoms associated with COVID-19; Stop the spread of germs; Physical distancing.

Drop Off Procedures

Please make sure your health questionnaire is COMPLETED each day. During check in a staff member will meet you at the drop off point in front of the courts and conduct a temperature check and verbally check to make sure each child is feeling free of any Covid symptoms before the child is released to participate in the clinic. Parents are to be dropping off and picking up only (need to stay in the car) and are not permitted to stay and watch. This is precautionary again to limit any exposure.

Pick Up Procedures

Parents will not be allowed to exit their vehicles.

Other FAQ's and information

In Case of Inclement Weather

Please check the weather forecast for heat index and/or stormy weather each morning.
IF WE NEED TO CANCEL CLASS AN EMAIL WILL BE SENT BY 8:00am THE MORNING OF.

EMAIL/S will be sent to those associated with your COMMUNITY PASS ACCOUNT.

Friday is the makeup day in case of rain.

*Do not register for classes if you are not comfortable with the guidelines set forth by the NJ DOH, CDC or Recreation Department's protocols and procedures for programming at this time.

*Do not come to class if you or any member of your household are not feeling well or have been exposed to a person with COVID-19 Within the past 14 days.

Daily Health Questionnaire

Parents/Caregivers must complete and submit this Program COVID-19 Health Questionnaire every day to attend each class.

Participants without a COVID-19 Health Questionnaire will NOT be allowed to participate. No Exceptions will be made!

Participant's First Name _____ Participant's Last Name _____

Program Name: ___Basketball Clinic___

Date: _____

Does your child live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test for COVID-19. **Circle: Yes No**

Has your child or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? **Circle: Yes No**

Has your child or anyone in the family (household) visited any states listed under the Governors 14-day quarantine travel advisory in the past 14 days? **Circle: Yes No**

Has your child exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition (Circle Below)?

Fever: Yes No	Cough: Yes No
Difficulty Breathing: Yes No	Muscle Aches or Pain: Yes No
Chills: Yes No	Sore Throat: Yes No
Unusually Weak/Fatigued: Yes No	Runny/Congested Nose: Yes No
Repeated Shaking/Shivering: Yes No	Shortness of Breath: Yes No
Loss of Taste or Smell: Yes No	Diarrhea: Yes No
Rash appearing anywhere on the body: Yes No	

Please provide additional information below if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies):

If the child is experiencing any of the above symptoms prior to attending, without an explanation not related to possible COVID-19, the child is required to STAY HOME until symptom free.

I certify to the best of my knowledge that this information is accurate.

Parent/Caregiver Full Name Printed _____ Date _____

Parent/Caregiver Signature _____ Date _____

For Official Use Only:

Child's temperature prior to attending practice: _____