

**Brian Rudolph Competitive Basketball Training Clinic**

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**Brian is a former Division 1 Basketball player and graduate of Loyola University Maryland. He has coached New Bedford High School Boys Varsity team and multiple youth AAU teams. He also runs training clinics for various age groups along with assisting UMASS Dartmouth men’s basketball team.**

**The clinic is geared towards competitive level players in Grades 4-8 and will focus on: Ball handling, footwork, Shooting, finishing moves, defensive techniques, conditioning and basketball IQ**

**CLINIC SCHEDULE**

July 19th through July 23rd

9:00 - 12:00pm

at Old Rochester Regional High School Gym

**COST**

$155/participant

**REGISTRATION DEADLINE**

July 12th

Space is limited, sign up early!

Check out our other MATTREC programs at [www.mattrec.net](http://www.mattrec.net)

Join our Mattapoisett Recreation Group on Facebook

$10 off each additional sibling signed up to participate in this program.

Please plan on sending your child with a basketball, drink and peanut free snack.

Parent pick-up is at OHS gym the end of each day.



**Brian Rudolph Competitive Basketball Training Clinic**

**One Registration Form per Participant**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_ Grade (in Sept): \_\_\_\_\_ Age: \_\_\_\_\_ Parent(s)/guardian(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical condition(s) or allergies we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am registering for Brian Rudolph Competitive Basketball Training Clinic ($155)\_\_\_\_\_**

**July 19th – July 23rd 9:00-12:00 p.m.**

**Registration Deadline is July 12th**

Please make checks payable to Town of Mattapoisett

Mail to: MATTREC P.O. Box 435 Mattapoisett, MA 02739

The Mattapoisett Recreation Committee approved a **ZERO TOLERANCE POLICY** to address adverse situations that may occur at any town related sporting event or activity. Our policy includes unruly and/or verbally abusive parents, spectators, coaches or players. Anyone, whose action disrupts, shows poor sportsmanship or in any way adversely affects the participants or programs offered by the committee will be subject to the following: At the discretion of the Recreation Director, Committee member or Game Official, the offender(s) will be asked to leave the building or immediate playing area. Depending on the severity of the incident, further action may be required.

Read and Accepted

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF CLAIMS, IDEMNITY AND HOLD HARMLESS AGREEMENT**

I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(**insert your name or name of parent/legal guardian if minor participant)** as parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**insert name if minor is participating in the program)** do consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s\_\_ (**participants name**) participation in voluntary athletic or recreation program(s) of the Town of Mattapoisett.

I also agree to forever release the Town of Mattapoisett, and all of its employees, officials, agents, board members, volunteers and any and all individuals and organizations assisting with the athletic or recreation activity programs ( The ‘Releasees”) from any and all claims, rights of action, causes of action, damages, costs, compensation and attorney’s fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (**name of participant**) resulting from my participation in athletic or recreation activity program(s).

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal INJURIES OR DAMAGE TO ANY Town owned property resulting from participation in athletic or recreation activity programs. I also promise to fully reimburse the Town for any property loss or damage as a result of participation in such programs.

 I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that participation in Town athletic or recreation activity programs is entirely voluntary and that I am free to choose not to participate in said program or have my minor participate in said program. By signing this Form, I authorize participation in athletic or recreation activity programs with full knowledge that the Releasees will not be liable for any damage or injuries resulting from my participation in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Legal Guardian-please circle one)

**Signature *Parent/Guardian Signature (if minor)***

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please Print Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*THIS FORM MAY NOT BE ALTERED**

**MATTAPOISETT RECREATION DEPARTMENT POLICIES**

Programs will not occur on school holidays, vacations, scheduled early release days, or holiday weekends unless otherwise stated. If ORR School District closes or has an early release due to inclement weather, than youth programs/activities will be canceled. Photographs and/or video of program participants may be taken by MATTREC for our marketing and social media purposes only. If you do not wish for the participant to be photographed, please note on registration form. Refunds are issued only when a class is cancelled by the Recreation Department or if the participant enrolled in the program has a medical note from a physician’s office stating they are not able to participate in the program due to a medical condition. For a complete list of MATTREC Policies visit Mattrec.net Questions regarding this or any other MATTREC program please e-mail mattrec@mattapoisett.net or

call 508-758-4548.