

Limited Enrollment

# WOBC 2012 Winter PeeWee Program



Board of Education Approved  
WO Rec Approved

These programs are designed to give young children an early jumpstart in "Fitness for Life" and overall preparedness for Fun and Fitness in any sport. Focus is on fundamental Fitness, Sportsmanship, Strength and Conditioning geared to improve your children's overall health and fitness.

All games played at WOHS gym.

For Information call:  
**973-941-9594**

## WOBC 2012

Pee Wee's

### K-1st Grade Co-ED 2nd-3rd Grade Co-ED

Basketball League for K-3RD Grades. Basketball rims are lower to 8ft kids will be part of the same team for the entire program. No standings are kept the focus is on learning the fundamentals in a clinic format then applying the fundamentals in a normal game environment.

Concepts will be carried over into a game setting to ensure each child has a chance to play in a controlled game setting. Learning the basics of being part of a team along with good sportsmanship.

4 on 4 games at 8ft baskets playing full court side ways. Each team has a coach and all games have an official controlling play. Everybody plays, if numbers allow girls will play w/girls . Team challenges and rewards for all team members.

8 week program  
Sundays 9:30am-11:00am K-1st  
11:00am-12:30 pm 2nd-3rd  
Jan 6th, 13th, 20th, 27th  
Feb 3rd,10th,17th, 24th

All played at  
West Orange High School

Cost: \$105.00

PLEASE CHECK ONE BOX:  
K-1ST[ ] 9:30am-11:00am  
2ND-3RD[ ] 11:00am-12:30pm

8 WEEKS Sunday program  
1/6, 1/13, 1/20,1/27  
2/3, 2/10, 2/17, 2/24  
ALL GAMES AT WOHS

**Cost:\$105.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Gr K-1-2-3

Phone #:(H) \_\_\_\_\_

Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Consent

I give my permission for my child to participate in the WO Rec program designated above. I hereby release the WO Board of Ed,the WO Rec dept, the Township of WO, their organizers, servants, officers, volunteers, affiliates and employees from any and all claims of action whatsoever arising out of the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designates program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that the WO Rec Dept. follows a strict "No Refund" policy. Additionally, I gave the WO Rec Dept. permission to use my child's name and photographic image for any and all promotional uses.

Parent Sign Here: \_\_\_\_\_

Make checks payable to the "WOBC"  
Mail to: WOBC/Jerry Aquino  
24 Hutton Ave blg 1 unit 11  
WO, NJ 07052

For more Information call 973-941-9594