



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
3 Library Road, Briarcliff Manor, NY 10510
(914) 941-6560 ~ ~ BMRD@briarcliffmanor.gov



BRIARCLIFF BEARS WINTER 2026

BASKETBALL CLINIC – 1 day MLK Jr. Day

Bears Basketball is the perfect opportunity for young players to improve their skills and have fun during a day off from school. Led by Briarcliff Varsity Coaching staff we will offer a comprehensive curriculum designed to enhance player development, to improve players' technical abilities, promote positive character development, and skill development. We cater to players of all ages and skill levels, and we group players with similar abilities to ensure the best experience for all. This is a great program to gear up for the winter basketball season.

ELIGIBLE: Children in grades K – 8, who reside in the Village of Briarcliff Manor (VBMR) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!

DATE & TIME: Day: Monday, January 19th – Martin Luther King Jr. Day from 9:00 am – 12:00 pm

LOCATION: Briarcliff High School Gym. 444 Pleasantville Road, Briarcliff Manor, NY

FEES: \$60.00 per child

NOTES: **Bring a water bottle, please wear sneakers and athletic attire.**

DEADLINE: Friday, January 16th by 3 p.m.

REGISTRATION: Registration begins **Wednesday, December 10th at 9 a.m.** Registration may be done online* from any device, in person (at the Recreation Office, 3 Library Rd) or by using the drop box outside the WJV Community Center, 3 Library Road. In person and online registration will occur simultaneously. The drop box will be processed with the days' mail. *In order to register online you must either have an account through CivicRec or create an account for your household.

Bears Basketball Clinic – Winter 2026 MLK Jr. Day

Fees: \$60.00 – Village of Briarcliff Residents, SD and NR Residents

NAME: _____ GRADE: _____ PARENT CELL #: _____

ADDRESS: _____

MEDICAL CONCERN: _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor and Briarcliff Manor School District, its employees, contractors and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. If medical emergency arises, instructors will call 911. I give permission for my child to be transported to hospital and necessary treatment provided by hospital medical staff. I have read and fully understand the above acknowledgement of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

E-Mail Address: _____
(For receipt/notification purposes only)

Signature of Participant (or Parent/Guardian)

METHOD OF PAYMENT: CASH CHECK # _____ CREDIT CARD **

*Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). ** Credit Card charges will incur a 3% fee or a minimum of \$2 fee*

DATE: _____ AMOUNT: _____ RECEIPT #: _____