



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



2026 WINTER BRIARCLIFF BEARS BASKETBALL

The Varsity Men's Basketball Team is hosting a 2-day clinic

Bears Basketball is the perfect opportunity for young players to improve their skills and have fun during days 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 1st – 8th, who reside in the Village of Briarcliff Manor (VBM) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!

DATES & TIME: Monday, February 16th and/or Tuesday, February 17th **from** 9:00 am – 12:00 pm

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

FEE: \$60.00 per day or \$100 for both days - Village residents (VBM)
\$70.00 per day or \$110 for both days – School District and Non Residents

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

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. Space for all programs is limited and will be handled on a first come first served basis. 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 2 Day Basketball Clinic – WINTER 2026

Fees: \$60/\$100 – Village of Briarcliff Residents (VBM) \$70/\$110 for School District (BMSD) and Non Residents (NONR)

NAME: _____ GRADE: _____ PARENT CELL #: _____

ADDRESS: _____

MEDICAL CONCERNS: _____

PLEASE CHECK ONE: ☐ Both Days

☐ Only Mon. Feb 16th

☐ Only Tues. Feb 17th

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 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#: _____