
★
★
Nick Dottori
★
★
Sports Clinic Instructor
★
★

- ★ ♦ *Physical Education & Health Instructor at Amity H.S.*
 - ★ ♦ *Director, Woodbridge Recreation Summer Clinic 1999-Present*
 - ★ ♦ *Amity Girls Basketball Assistant 2014-present.*
 - ★ ♦ *Amity Force Director*
 - ★ ♦ *Amity Boys Basketball Assistant 1994—2004*
 - ★ ♦ *Amity Middle School Track and Field 2000-20018*
- *****

All clinics will take place at the Pease Park field and courts

160 Pease Rd, Woodbridge 06525

Safety Precautions

- Daily Temperature check and COVID-19 safety checklist reviewed upon entering area
- Phased in approach according to state and local guidelines
- Anti-bacterial disinfectant available on site for participants and equipment
- Participants presenting a temperature of 100 or greater will not be permitted to participate in the recreation programs and will need medical clearance, according to the CDC guidelines, in order to return



**Recreational
Outdoor
Co-ed Sports
Clinics**

Week 1 July 13-17	Basketball
Week 2 July 20-24	Soccer
Week 3 July 27-31	Flag Football
Week 4 August 3-7	Multi-sports

Cost: 100.00 per week

Grades 2-5: 9-10:30am

Grades 6-8: 10:45– 12:15pm

Register online: www.woodbridgect.org

Player Information (Required) include with payment

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Emergency Phone _____

E-Mail (print clearly)

Clinicians Grade Fall 2020 _____

Please list any condition (s) or allergies that we
need to be aware of:

Medical Release

In the event my child is injured during the Woodbridge Recreation sports clinics, I give permission to the clinic director in charge to seek medical attention. I will assume all responsibility for any medical expense that may occur as a result of my child's participation in the clinic. I authorize the members or instructors of the clinic to act for me in any medical emergency and certify that the members and instructors are in no way liable or responsible for any injuries or medical expenses that may occur.

Parent Permission (Required)

My child _____, has
permission to participate in all clinic activities.

Parent/ Guardian Print Name:

Sign: _____

Multi Sports Clinic

- ◆ **Coed Sessions** designed to develop individual and team skills in a fun and challenging setting
- ◆ Players will be grouped by grade and ability to allow for the greatest opportunity for success
- ◆ Socially distanced activities, skill drills, and fitness conditioning
- ◆ **Players should have proper athletic wear, sunscreen, and personal labeled water bottle for each session**

**Contact Nick Dottori for questions
and information**

wrdsummerclinic@gmail.com

Grades 2-8

See daily session time below

Week 1 July 13-17	Basketball
Week 2 July 20-24	Soccer
Week 3 July 27-31	Flag Football
Week 4 August 3-7	Multi-sports

Cost: \$100.00 per week

All four weeks: \$350.00

Space is limited to 10 participants

Grades 2-5: 9-10:30am

Grades 6-8: 10:45– 12:15pm

**Weather permitting: canceled dates will be credited
to WRD programs**

Registration will not be taken at the field.

