



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BASKETBALL CLINIC

Just Do It!

Get yourself ready for the Upcoming Basketball Season with this basketball intense clinic. We will be working on all the fundamentals to get you geared up for the upcoming season and ready for practices. Coaches will focus on skills and drills to improve the fundamental aspect of the player. This is a great clinic to get you started or get a refresher for the upcoming season. Coaches will be former college coaches and current high school or college players.

REGISTRATION DATES:

SEPTEMBER 22ND-NOVEMBER 30TH

CLINIC DATES:

NOVEMBER 28TH-DECEMBER 1ST

@ YMCA GYM

TIME:

5:30 PM - 7:30 PM

PRICE:

YMCA MEMBERS \$50

NON-MEMBER \$65

**ALL PARTICIPANTS WILL RECEIVE
A CLINIC T-SHIRT WITH
REGISTRATION!**



FMI:

Stacy Duffell (Youth Sports Director) - sduffell@ymcasanangelo.org (325)655-9106

Or Brittney Smith (Asst. Youth Sports Director) - bsmith@ymcasanangelo.org

www.ymcasanangelo.org

BASKETBALL CLINIC 2016

Player's Name: _____

Gender: M or F Age: _____ Grade: _____ DOB: _____

Address: _____ Zip: _____

Contact Information for player:

Primary Contact: _____

Cell Phone#: _____ Cell Phone Carrier: _____

E-mail Address: _____

Shirt Size: (Please Circle One)

Youth Sizes: S(8-10) M(10-12) L(12-14) Adult Sizes: S M L XL

Deadline to register for camp and receive a t shirt is November 28th at 12pm

*REFUNDS: Full refunds are available only upon cancellation of the program. Should a refund be requested prior to the first team meeting, a \$5 service fee will be assessed. If a refund is requested after uniforms have been ordered, a \$20 fee will be kept to cover expenses. **REFUNDS WILL NOT BE PROCESSED UNTIL THE CLINIC BEGINS.***

WAIVER: I HEREBY, FOR MYSELF AND MY AGENTS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS WHICH I MAY HAVE, OR WHICH MAY ACCRUE AGAINST THE SAN ANGELO YMCA AND ITS RESPECTIVE OFFICERS, AGENTS, SPONSORS OR ANY EMPLOYEES FOR ANY INJURY WHICH MAY BE SUFFERED IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY. I HEREBY ACKNOWLEDGE THAT THIS PROGRAM PROVIDES LIMITED INSURANCE AND MY OWN INSURANCE MAY BE USED IN CASE OF AN ACCIDENT. BY SIGNING THIS, I AM ALSO GIVING MY CONSENT FOR THE YMCA TO TAKE AND USE MY CHILD'S PRESENCE IN THE CLINIC FOR PROMOTIONAL PURPOSES.

SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS FORM WITH FULL PAYMENT TO:
SAN ANGELO YMCA, 353 S. RANDOLPH, SAN ANGELO, TX 76903