



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TAKE IT TO THE NET

## YOUTH BASKETBALL Competitive League



The competitive league is for teams that are looking to enhance their play against other competitive teams. Teams come in already formed and must have a minimum of 7 players. Teams will work toward a common goal in developing their teamwork and play in each game. Coaches will make decisions on play time along with offenses and defenses. Jersey will be provided for each member of the team upon request.

Early Registration from September 1 - November 17

Late Registration from November 18 - November 22 (\$15 Late Fee Applies)

City Championship Tournament will be on February 17th and will be for all divisions.

**For: 3rd - 6th grade Boys & Girls**

**MUST BE ON A COACH'S ROSTER TO SIGN UP,  
NO INDIVIDUAL REGISTRATIONS**

**Team Price: \$475 without jersey provided  
\$575 with jersey provided**

**Season:**

**January 6 - February 24, 2018**

**Practices: Are determined by the coach.**

*Coaches must fill out a volunteer form with  
the YMCA for the calendar school year.*

Games are played in San Angelo at various locations and will be determined by the Sports Director.

FMI: Stacy Duffell (Sports Director) or Brittney Smith (Asst. Sports Director)  
(325) 655-9106 or [sduffell@ymcasanangelo.org](mailto:sduffell@ymcasanangelo.org) or [bsmith@ymcasanangelo.org](mailto:bsmith@ymcasanangelo.org)

# **2017-18 YOUTH BASKETBALL REGISTRATION - Competitive League**

**Team Name:** \_\_\_\_\_ **Division (Circle One):** **3rd**      **4th**      **5th**      **6th**  
**Head Coach Name:** \_\_\_\_\_ **Cell PHONE #:** \_\_\_\_\_ **Cell Phone Carrier:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**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 accessed. If a refund is requested after uniforms have been ordered, a \$100 fee will be kept to cover expenses. *Refunds will not be processed until season 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 it's 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 below, I am also giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA Sports Department.

## **COACHES PLEASE MAKE SURE YOUR ROSTER IS FILLED OUT COMPLETELY BELOW!!**

Player Name & Grade	D.O.B.	Primary Contact	Primary Contact Cell #	E-mail - allow us to let you know of updates and schedule information regard-	Address & Zip Code	Parent Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						