



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HARD WORK DEDICATION DETERMINATION

YOUTH BASKETBALL CLINIC

The objectives of the San Angelo YMCA is to teach young players the real skills of the game and provide them with opportunities to improve their skills while playing in a competitive capacity. Clinic staff will promote the concepts of **HARD WORK**, **DEDICATION**, and **DETERMINATION** in achieving one's goals.

REGISTRATION DATES

September 15 - November 19, 2019

PROGRAM INFORMATION

5:30PM - 7:30PM

November 18 - November 21, 2019

K - 8th Grade

YMCA Gymnasium

Program Fees

\$50 Y-Members / \$60 Non-Members

Financial Assistance is available to all that qualify.

Applications are available at the Welcome Center or online at www.ymcasanangelo.org.

Application process takes 7 - 10 business days.

FMI regarding this program and more

YMCA Youth Sports Department (325) 655-9106

Youth Sports Director, Stacy Duffell

Assistant Directors, Brittney Smith and Quinn Barfield

www.ymcasanangelo.org



Preseason Clinic - Registration Form

Name: _____ D.O.B. _____

Age: _____ Grade: _____

Address: _____ Zip: _____

Primary Contact Name: _____

Primary's E-mail Address: _____

(If no email, please put the player's firstname.lastname@saymca.com)

Cell Phone: _____ Cell Phone Carrier: _____

Alternate Contact Name: _____

Alternate Contact Cell: _____ Relation: _____

T-shirt size: ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL

YMCA Mission: The San Angelo YMCA will serve the people in the community of all faiths and ages with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind, and body through its programs, staff, facilities, and the community.

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 YMCA of San Angelo 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 no insurance coverage and my own insurance will be used in case of an accident.

PHOTO RELEASE: Additionally, in consideration for being allowed to participate in YMCA membership and programs, I understand that images, video and film footage is often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by YMCA of San Angelo hereby give my permission and consent, now and for all time, to YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first meeting, a \$5.00 fee will be assessed.

Parent's Signature: _____ Date: _____