



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TAKE YOUR SHOT

## YOUTH BASKETBALL CLINIC

### BOYS & GIRLS AGES 5 - 14

This preseason basketball clinic will give your child the preparation needed for the regular season. Participants will undergo skill instruction, drills, and games. The clinic is instructed by former collegiate coaches and players.

#### **Registration:**

September 16 - November 18, 2024, or until full

#### **Clinic:**

November 18 - November 21, 2024

#### **Time:**

5:30 P.M. - 7:30 P.M.

#### **Program Fees:**

\$50.00 for Y-Members

\$65.00 for Non-Members

**Financial Assistance Available!**

**Contact [Irivera@ymcasanangelo.org](mailto:Irivera@ymcasanangelo.org) for more information.**

**\*TIME & PLACE MAY  
DIFFER BASED ON AGE\***

Sign up for both the league and clinic, and enjoy a 25% discount on the clinic!  
\*must be done in-house

**2024 Youth Basketball Clinic  
Registration Form**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M or F School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary's E-mail Address: \_\_\_\_\_

**(LEAGUE COMMUNICATION AND SCHEDULE ACCESS IS DONE THROUGH PRIMARY EMAIL. PLEASE WRITE LEGIBLY.)**

Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

**T-Shirt Size:** Youth Adult  
(Circle One) X-Small Small Medium Large Small Medium Large X-Large

**Level of experience:** \_\_\_\_\_ **Beginner** \_\_\_\_\_ **Intermediate** \_\_\_\_\_ **Advanced**

**YMCA MISSION:** The mission of the San Angelo YMCA is to serve the people on the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in mind, body, and spirit, 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 may accrue against the YMCA of San Angelo, and its respective officers, agent, sponsors, or any employees for any injury or illness such as COVID-19 which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage and my own insurance will be used in the case of an accident. By signing below, I am also giving permission for my child's picture or likeness to be used for promotional purposes of the YMCA Sports Department.

**PHOTO RELEASE:** Additionally, in consideration of being allowed to participate in YMCA membership and programs, I understand that images, video, and film footage are often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by the YMCA of San Angelo hereby give my permission and consent, now and for all time, to the 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, soundtrack 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 \$10.00 fee will be assessed.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name Printed:** \_\_\_\_\_

Forms may be mailed to:  
YMCA Youth Basketball League  
353 S. Randolph  
San Angelo, TX 76903