



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE PLAY FOR FUN!



Little Dribblers

January 4 - February 8, 2022

This league is for players age 3 and 4 who want to learn more about basketball in a modified setting. Coaches will work on skill advancement in the sport and work on team concepts to prepare them for upcoming leagues. Each week will consist of skill work and gameplay to help the player grow in the sport throughout the league.

**This program has a designated day for meeting games and practices.

Program Information

Registration Dates:

In-house: September 15
- January 4

Online: September 15 -
January 3

Fees for the season:

Members: \$45.00

Non Members: \$55

Time:

Session one:

5:15pm - 6:00 pm

Session two:

6:00 pm - 6:45 pm

Clinic Days:

Every Tuesday
starting on

January 4th and
ending on

Tuesday
February 8,
2022.

For more information contact:

Stacy Duffell

Phone: (325) 655 - 9106

Email: sduffell@ymcasanangelo.org

2022 Little Dribblers - Registration Form

Name: _____ D.O.B. _____

Age: _____ Grade: _____ School: _____

Address: _____ Zip: _____

Primary Contact Name: _____

Primary's E-mail Address: _____

(Communication and schedule access is done through primary email. Please write legibly.)

Cell Phone: _____ Cell Phone Carrier: _____

Alternate Contact Name: _____

Alternate Contact Cell: _____ Relation: _____

Session to attend: _____ **5:15 pm - 6:00 pm** _____ **6:00 pm - 6:45 pm**

T-shirt Size: _____ **YXS** _____ **YS** _____ **YM** _____ **YL** _____ **AS**

YMCA Mission: The San Angelo YMCA will serve the people in the community of all faiths and ages with an 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. By signing below, I am giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA Sports Department.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first game, a \$10.00 fee will be assessed. Refunds will be not issued should a team be required to forfeit games due to COVID-19 related issues.

Parent's Signature: _____ **Date:** _____

Parent's Name Printed: _____

**Forms may be mailed to:
YMCA Youth Sports Department
353 S. Randolph
San Angelo, TX 76903**