



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SKILLS **CONFIDENCE** **CHARACTER**

Youth Basketball Clinic

YMCA of San Angelo

The objectives of the San Angelo YMCA are to teach young players basic skills and help them grow in the game to compete in a team competitive setting. Basketball knowledge and drills will be used through enhanced workouts and training. Clinic staff will promote the concepts of **HARD WORK, DEDICATION, and DETERMINATION** in achieving one's goals.

Boys and Girls Ages 5 - 14

When:

November 29th until December 2nd

5:30 pm - 7:30 pm

Cost:

Members: \$50.00

Non Members: \$60.00

If child is registered in clinic and league at the same time you will receive a 25% discount on the clinic. Restrictions might apply

Location:

YMCA Court 1 & 2
353 S. Randolph St.

**LIMITED SPOTS.
REGISTER NOW!**

Registration:

Register at the Welcome Center on Online visiting:
www.ymcasanangelo.org



For more information contact:

Quinn Bafield

Email: qbarfield@ymcasanangelo.org

Phone: (325) 655 - 9106

Financial Assistance Available!

Contact Irivera@ymcasanangelo.org for more information.

**2021 Youth Basketball - Clinic
Registration Form**

Name: _____ D.O.B. _____

Age: _____ Grade: _____ 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: _____ **YS** _____ **YM** _____ **YL** _____ **AS** _____ **AM** _____ **AL** _____ **AXL**

Level of experience: _____ **Beginner** _____ **Intermediate** _____ **Advanced**

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 Basketball League
353 S. Randolph
San Angelo, TX 76903